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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054677 (6)

1. Corporation Name

NEAT-KNOT CORPORATION



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business 10371 SW 150TH PL. 5104 MIAMI FL 33196 | | Mailing Address 10371 SW 150TH PL. 5104 MIAMI FL 33196 | |
| 2. Principal Place of Business 21 11115 SW 134 CT. Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 11115 SW 134 CT Suite, Apt. #, etc. 27 | |
| City & State 23 Miami, FL Zip 24 33186 Country 25 USA | | City & State 28 Miami, FL Zip 29 33186 Country 30 USA | |
| 3. Date Incorporated or Qualified 05/31/1995 | | 4. FEI Number 65-0597411 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. Name and Address of New Registered Agent B1 Name VALENCIA, JOEL D B2 Street Address (P.O. Box Number is Not Acceptable) 11115 SW 134 CT. B3 B4 City MIAMI FL 85 Zip Code 33186 | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| | | |
|---|--|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | DATE |
| 12. OFFICERS AND DIRECTORS TITLE D NAME VALENCIA, JOEL D STREET ADDRESS 10371 SW 150TH PL. CITY-ST-ZIP MIAMI FL 33196 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Joel Valencia 04/20/98 (305) 2878658

CP2E034 (10/97)