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Apr 29 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 # P95000059086(5)

1. Corporation Name
American Box Corporation

Principal Place of Business	Mailing Address
3945 Pembroke Rd. Hollywood, FL 33021	1140 Kane Concourse Fifth Floor Bay Harbor Islands, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/25/95

2. Principal Place of Business 21 1833 SW 31st Ave. 22 Suite, Apt. #, etc. 23 City & State: Pembroke Park 24 Zip: 33009 25 Country: Broward	2a. Mailing Address 26 1833 SW 31st Ave. 27 Suite, Apt. #, etc. 28 City & State: Pembroke Park 29 Zip: 33009 30 Country: Broward

4. FEI Number: 65-0601376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Silvers, Robert Henry 1140 Kane Concourse Fifth Floor Bay Harbor Islands, FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Baron, Peter 1140 Kane Concourse Fifth Floor Bay Harbor Islands, FL ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Baron, James 1140 Kane Concourse Fifth Floor Bay Harbor Islands, FL 33154 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	500002505100 -04/29/98--01051--027 ***150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pempek, William J. 1140 Kane Concourse Fifth Floor Bay Harbor Islands, FL 33154 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 5543 N.W. 39th Ave, Coconut Creek, FL 33073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D John S. Adams, Jr. 2812 Jacana Ct. Longwood, FL 32779 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S Kathleen P. Adams 2812 Jacana Ct. Longwood, FL 32779 ☐ Change ☒ Addition JS 4-29
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	V Rafael Lozada 3409 Inverrary Blvd. W. Lauderhill, FL 33319 ☐ Change ☒ Addition

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 original report or supplemental 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: Kathleen P. Adams Kathleen P. Adams 4/22/98 407/682-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)