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SIGNATURE

PROFIT Mar 05 1998 8:00am FLORIDA DEPARTMEN FISTATE **CORPORATION** Sandra B. Mor ANNUAL REPORT Secretary of State Secretary of S 1998 DIVISION OF CORPO TIONS DOCUMENT # P95000060091 M.O.D. ENTERPRISES, INC. Principal Place of Business Mailing Address 20975 SW 264 ST 20975 S.W. 264TH STREE HOMESTEAD FL 33031 HOMESTEAD FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0605777 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAAS, JOHN P **B1** 44 N.E. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the bove-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 authori; d 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 Satutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registeed Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE Change 1.1TITLE DRYER, MARSHA NAME 1.2NAME 20975 S.W. 1264TH ST. STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 33031 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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

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