2003 FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR Jan 13, 2003 8:00 am Secretary of State **DOCUMENT #** P95000065067 1. Entity Name 01-13-2003 90354 043 ***150.00 PROTEUS, INC. Principal Place of Business Mailing Address 7135 COLLINS AVE 7135 COLLINS AVE 1023 1023 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0604091 Applied For Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name HASPEL, CHARLES 7135 COLLINS AVE. --Street Address (P.O. Box Number is Not Acceptable) **SUITE 1023** MIAMI BEACH FL 33141 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Zip Code SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME HASPEL, CHARLES Change ☐ Addition 7135 COLLINS AVE., #1023 NAME STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ST TITLE Defete TITLE HASPEL, BARBARA Change ☐ Addition NAME 7135 COLLINS AVE., #1023 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

CITY-ST-7IP 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 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

TITLE

NAME

☐ Delete

NAME

STREET ADDRESS

Charles Haspel 1/9/03 305.864.3832

☐ Change

☐ Addition