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Mar 13 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 # **P95000081974 (4)**

1. Corporation Name
MODULAR GROUP, INC.

Principal Place of Business	Mailing Address
1400 E OAKLAND BLVD SUITE 207 FT LAUDERDALE FL 33334 US	1400 E OAKLAND BLVD SUITE 207 FT ALUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **10/25/1995**

4. FEI Number: **65-0658532** ☐ 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

LAVERDE, FELIPE A
250 BASIN DRIVE #N
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 3420 SW 2nd Ct

83

84 City Deerfield Beach FL 85 33442

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 X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LAVERDE, FELIPE A		1.2 NAME		
STREET ADDRESS	250 BASIN DRIVE #N		1.3 STREET ADDRESS	3420 SW 2nd Ct	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL		1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAVERDE, BERNARDO R JR		2.2 NAME		
STREET ADDRESS	6372 LA COSTA DR, #302		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE	VTSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAVERDE, BERNARDO R JR		3.2 NAME		
STREET ADDRESS	6372 LACOSTA DR #302		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: X _____ 3/6/98 9546309494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 05417580