SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 SEP 23 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089771 (6)

1. Corporation Name
CAVALLIX, INC.

Principal Place of Business	Mailing Address
ONE SOUTHEAST 3RD AVENUE 27TH FLOOR MIAMI FL 33131	ONE SOUTHEAST 3RD AVENUE 27TH FLOOR MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 2000 Towerside Terr.	26 2000 Towerside Terr.
22 Suite 412	27 Suite 214
23 Miami, F133138	28 Miami, FL
24 Zip 33138 / 25 Country	29 Zip 33138 / 30 Country

3. Date Incorporated or Qualified: 11/22/1995
3a. Date of Last Report:
4. FEI Number: 65-0622823 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Kleinfeld & Associates, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Ave
83 Suite 1940
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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] (DENIS A. KLEINFELD) 7 Aug 1996
Signature of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE	
NAME: PUTSCH, ANDREAS	
STREET ADDRESS: ONE SOUTHEAST 3RD AVENUE, 27TH FLOOR	
CITY-ST-ZIP: MIAMI FL 33131	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D/P/S/T ☒ Change ☐ Addition	
1.2 NAME: PUTSCH, ANDREAS	
1.3 STREET ADDRESS: 2000 Towerside Terrace #214	
1.4 CITY-ST-ZIP: Miami, FL 33138	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition	200001374202--0 -10/15/96--01120--008 ****225.00 ****225.00
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	MWB 10-9-96
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] (ANDREAS PUTSCH) 08/02/96 (305) 892-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #