

AMENDED ANNUAL REPORT
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 9950000 89771

1. Corporation Name
CAVALLIX, INC.

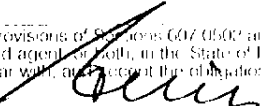
Principal Place of Business KENTUCKY	Mailing Address P.O. Box 11370 Lexington, KY 40575
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2. Principal Place of Business	2a. Mailing Address
21 Kentucky	26 same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
30	

9. Name and Address of Current Registered Agent

Denis Kleinfeld, Esquire
One Southeast 3rd Avenue, Ste. 1940
Miami, Florida 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 

12. OFFICERS AND DIRECTORS	
TITLE	President, Secretary, Treasurer ☒ DELETE
NAME	Andreas Putsch
STREET ADDRESS	London, England
CITY- ST- ZIP	United Kingdom
TITLE	Director ☒ DELETE
NAME	Andreas Putsch
STREET ADDRESS	London, England
CITY- ST- ZIP	United Kingdom
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

3. Date Incorporated or Qualified 11/22/95	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 ☒ No	

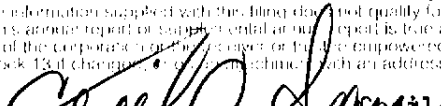
10. Name and Address of New Registered Agent

81 Name Thomas Baur, Esquire	85 Zip Code 33132
82 Street Address (P.O. Box Number is Not Acceptable) 21st Floor, New World Tower	
83 100 North Biscayne Blvd.	
84 City Miami	FL

10/06/97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE P,T,S,D,C	☒ Change ☐ Addition
12 NAME Cecil Seaman	
13 STREET ADDRESS 1736 Woodlark Ave.	
14 CITY- ST- ZIP Lexington, Kentucky 40505	☐ Change ☐ Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY- ST- ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this amended report or supplement is true and accurate and that my signature shall have the same legal effect as if made and sworn to. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or adding an officer or director.

SIGNATURE: X  **Seaman (P,T,S,D,C)** **10/06/97 (305) 377-3561**

CR2E034 (9/96)