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

FILED
97 NOV 17 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089771

1. Corporation Name

CAVALLIX, INC.

Principal Place of Business

KENTUCKY

Mailing Address

P.O. Box 11370
Lexington, KY 40575

2. Principal Place of Business
21 Kentucky
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 same as above
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ 10/06/97
(Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President, Secretary, Treasurer	☒ DELETE	11 TITLE	P,T,S,D,C	☒ Change ☐ Addition
NAME	Andreas Putsch		12 NAME	Cecil Seaman	
STREET ADDRESS			13 STREET ADDRESS	1736 Woodlark Ave.	
CITY-ST-ZIP	London, England United Kingdom		14 CITY-ST-ZIP	Lexington, Kentucky 40505	
TITLE	Director	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Andreas Putsch		22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP	London, England United Kingdom		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do 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 added by attachment, with an address.

SIGNATURE: X Cecil Seaman (P,T,S,D,C) 10/06/97 (305) 377-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #