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Oct 16 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 # P96000020485(2)

1. Corporation Name
Florida P.H. International, Inc.

Amended

Principal Place of Business	Mailing Address
3100 N.W. 72nd Avenue Suite 108 Miami, FL 33122	3100 N.W. 72nd Avenue Suite 108 Miami, FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: March 6, 1996

2. Principal Place of Business NEW	2a. Mailing Address
21 4649 Ponce de Leon Blvd.	26 4649 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 Suite 402	Suite, Apt. #, etc. 27 Suite 402
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA

4. FEI Number: 65-064-7407 ☐ 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	10. Name and Address of New Registered Agent
Luis Gonzalez 3100 N.W. 72nd Avenue, Suite 108 Miami, FL 33122	81 Name: Alan S. Fine 82 Street Address (P.O. Box Number is Not Acceptable): 4649 Ponce De Leon Blvd. 83 Suite 402 84 City: Coral Gables, FL 33146 FL 85 Zip Code

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: Alan Fine (Signature of President or Registered Agent, as applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 10/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Gonzalez, Luis 3100 N.W. 72nd Avenue, Suite 108 Miami, FL 33122 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Delete ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Rojas, Luis 3100 N.W. 72nd Avenue, Suite 108 Miami, FL 33122 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Rojas, Luis Alejandro Centro Profesional Tamanaco C.C.C.T. – Nivel C-1 – Piso 1 – Oficina 32 Chuao – Caracas, Venezuela ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P VP S T Salemi, Calogero A. Av. José Félix Sosa, Torre Británica, Piso 9, Ofc. F, Altamira Caracas, Venezuela ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Rovati, Carlos Centro Profesional Tamanaco C.C.C.T. – Nivel C-1 – Piso 1 – Oficina 31 Chuao – Caracas, Venezuela ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	200002666392 -10/19/98--01016--019 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition JS 10/16

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 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 above.

SIGNATURE: Salemi, Calogero A. 10/8/98 01158226634176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)