**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000026288 (6) DESLY'S INTERNATIONAL INC. Principal Place of Business Mailing Address 204 E. COLONIAL DR. 204 E. COLONIAL DR. ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3368998 Not Applicable 21 26 Suite Apt # etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **NELSON. DESLY** 204 E. COLONIAL DR. Street Address (P.O. Box Number is Not Acceptable) **B2** ORLANDO FL 32801 83 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE NELSON, DESLY 1.2 NAME NAME 204 E. COLONIAL DR. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE

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 receive, 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 approximately

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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