PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

FILED
Sep 05 1997 8:00am
Secretary of State

**DOCUMENT #** P96000030093 (4)

1. Corporation Name
BOUNTY INTERNATIONAL PALM BEACH, INC.

Principal Place of Business
1535 S.E. 17th Street
Suite 201
Ft. Lauderdale, FL 33316

Mailing Address
1535 S.E. 17th Street
Suite 201
Ft. Lauderdale, FL 33316

3. Date Incorporated or Qualified: 04/05/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0656396 — 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

Hoberman, Jennifer Mae
3530 Mystic Pointe Drive
Suite 2211
Miami, FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition<br>D<br>Pinniger, Ian R.<br>3 La Grange Martin<br>St. Martin, Jersey CI |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition<br>D P<br>Hornbacher, Richard<br>1535 S.E. 17th Street, Suite 201<br>Ft. Lauderdale, FL 33316 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition<br>D<br>Ingram, Sarah Jane<br>1535 S.E. 17th Street, Suite 201<br>Ft. Lauderdale, FL 33316 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition<br>S<br>Callejas, Sergio<br>1535 S.E. 17th Street, Suite 201<br>Ft. Lauderdale, FL 33316 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition<br>PG 9-5 |

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 on an attachment with an address.

**SIGNATURE:** _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SERGIO CALLEJAS (954) 524-9005

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