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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065162 (5)

CALYPSO INVESTMENT GROUP, INC.

1200 EUCLID AVENUE, UNIT 204 1200 EUCLID AVENUE, UNIT 204 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-4439 3. Date incorporated or Qualified 3a. Date of Last Report 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 1200 EUCLID AUCAUS 1200 EUCLID Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 205 205 Fee Required 27 City & State Reach City & State 6. Election Campaign Financing \$5.00 May Be liomi Beach Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, USA USA Florida Statutes Yes No 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 Signature, typed or printed name of registered agent and title-it applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD DELETE 11 TITLE Change Addition TITLE TREMOULET, FABIEN A 1.2 NAME NAME CR2E034 1200 EUCLID AVENUE, UNIT 204 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE ☐ Change Addition TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City-SI-7P DELETE -☐ Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 DITE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

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

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

appears in Block 12 or Block 13 if changed, or on an attachment with an address