## 4.28.98 8- 3795

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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# 1998 DOCUMENT # P9600065397 (7) INCREASE, INC.

## FILED Apr 28 1998 8:00am Secretary of State

INCREASE, INC. Principal Place of Business Mailing Address 1075 NE 99TH STREET 1075 NE 99TH STREET MIAMI SHORES FL 33138-2638 MIAMI SHORES FL 33138-2638 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0692325 Not Applicable 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 Trust Fund Contribution Added to Fees 28 Zιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANTONACCI, EDUARDO 1075 NE 99TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138-2638 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 little if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ■ Addition PSTD 1.1 TITLE TITLE ANTONACCI, EDUARDO 1.2 NAME NAME 1075 NE 99TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138-2638 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAMÉ 4.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

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 received 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 charged, or on an attachment with an address.

SIGNATURE: Miordo ffatoriario Edvardo fintonacci 4.22.98 (305) 156-0839

CR2E034 (10/97)