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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000070416 (8)

1. Corporation Name
FLORIDIAN INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1860 LAKESHORE DRIVE FORT LAUDERDALE FL 33326	1860 LAKESHORE DRIVE FORT LAUDERDALE FL 33326-2349

3. Date Incorporated or Qualified: 08/23/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 15001 N.E. 6th Ave.
Suite, Apt. #, etc. 22:
City & State 23: North Miami Beach
Zip 24: 33161 Country 25: USA

2a. Mailing Address
26: 15001 N.E. 6th Ave.
Suite, Apt. #, etc. 27:
City & State 28: North Miami Beach
Zip 29: 33161 Country 30: USA

4. FEI Number: 65-0736496 ☐ 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

FEINBERG, JEFFREY ESQUIRE
4000 HOLLYWOOD BOULEVARD
SUITE 350, NORTH TOWER
HOLLYWOOD FL

10. Name and Address of New Registered Agent

81 Name: Michelle Kramish Kain
82 Street Address (P.O. Box Number is Not Acceptable): One Financial Plaza
83: Suite 2308
84 City: Fort Lauderdale FL 85 Zip Code: 33394

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: Michelle Kramish Kain — 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	President/Director ☐ Change ☒ Addition
NAME	CALALUCA, THOMAS	1.2 NAME	Luis Lubo
STREET ADDRESS	1860 LAKESHORE DRIVE	1.3 STREET ADDRESS	15001 N.E. 6th Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	North Miami Beach, FL 33161
TITLE	☐ DELETE	2.1 TITLE	Vice-President/Secretary/D ☐ Change ☒ Addition
NAME		2.2 NAME	Katija M. Carter
STREET ADDRESS		2.3 STREET ADDRESS	15001 N.E. 6th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	North Miami Beach, FL 33161
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Katija M. Carter — 4/29/97 — (954)967-9796