· FILE NOW: FILING FEE AFTER MAY 1 IS'\$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 20 PM 3: 13 DOCUMENT # P96000073094 SECRETARY OF STATE TALLAHASSEE, FLORIDA Extreme Technologies, Inc. Principal Place of Business Mailing Address 7136 Bonita Prive, #1 Miami Beach, FL 33141 3. Date Incorporated or Qualified 3a. Date of Last Report 08/29 2. Principal Place of Business 2a. Mailing Address Applied For 7136 Bonita Drive 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 本 1 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Miami Trust Fund Contribution Added to Fees Zin Country 8. This corporation has liability for intangible tax under s. 199.032, 30 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GABRIEL HALL Street Address (P.O. Box Number is Not Acceptable) 82 7136 Bonith Drive, #1 83 Milmi Beach, Ph 33141 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE President Galoni el HALL Drive, #1 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Miani Beach, FL 33141 CITY-ST-ZIP 1.4 C(1Y - ST - Z)P DELETE TITLE Addition 2.1 1016 ☐ Change 400002221314--0 NAME 2.2 NAME -06/24/97--01058--006 STREET ADDRESS 2.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-S1-ZIP DELETE TITLE 4 1 TITLE Change Add tion WRME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAMI STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 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 logal 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.

Ul Co Hall

6/19/97 305.535.7480