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May 27 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 # **P96000073947 (9)**

1. Corporation Name
**CONDOR VENTURES CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 801 BRICKELL AVE<br>SUITE 1901<br>MIAMI FL 33131 | 801 BRICKELL AVE<br>SUITE 1901<br>MIAMI FL 33131-4943 |

3. Date Incorporated or Qualified: 09/03/1996
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 200 South Biscayne Blvd. | 26 200 South Biscayne Blvd. |
| Suite, Apt. #, etc: 22 Suite 2410 | Suite, Apt. #, etc.: 27 Suite 2410 |
| City & State: 23 Miami, Florida | City & State: 28 Miami, Florida |
| Zip: 24 33131 Country: 25 USA | Zip: 29 33131 Country: 30 USA |

4. FEI Number: 65-0699099 ☐ 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**

SPENCER, THOMAS R JR
801 BRICKELL AVE
SUITE 1901
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

81 Name: PLC Investments, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 200 South BisCayne Blvd.
83 Suite 2410
84 City: Miami FL 85 Zip Code: 33131

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] Secretary for PLC Investments Inc 5/19/97
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 | SPENCER, THOMAS R JR | 1.2 NAME | JULIE L. NEITZEL |
| STREET ADDRESS | 801 BRICKELL AVE SUITE 1901 | 1.3 STREET ADDRESS | 200 S. BISCAYNE BLVD., SUITE 2410 |
| CITY-ST-ZIP | MIAMI FL 33131 | 1.4 CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | ☐ DELETE | 2.1 TITLE | TREASURER, SECRETARY ☒ Change ☐ Addition |
| NAME | | 2.2 NAME | HILDA C. MONTERO |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 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:** [signature] JULIE L. NEITZEL, PRESIDENT 4/29/97 305-371-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0170445