

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90075 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P96000074181 1. Corporation Name ERP INTERNATIONAL, INC.																																																																																																																	
Principal Place of Business 1519 SHAW DRIVE KEY LARGO FL 33037			Mailing Address 901 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131																																																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/06/1986 4. FEI Number 65-0728627 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No																																																																																																													
9. Name and Address of Current Registered Agent SLOSBERGAS, NELSON 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 607.0509, Florida Statutes.																																																																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DPS</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>URREA, JAIME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3847 PALLOS VARDAS DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DALLAS TX 75229</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>URREA, JUAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>30515 WESTLAWN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DALLAS TX 75229</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>URREA, BEATRIZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1722 NE 88TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEATTLE WA 98115</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	DPS	☐ DELETE	NAME	URREA, JAIME		STREET ADDRESS	3847 PALLOS VARDAS DRIVE		CITY-ST-ZIP	DALLAS TX 75229		TITLE	DVP	☐ DELETE	NAME	URREA, JUAN		STREET ADDRESS	30515 WESTLAWN		CITY-ST-ZIP	DALLAS TX 75229		TITLE	D	☐ DELETE	NAME	URREA, BEATRIZ		STREET ADDRESS	1722 NE 88TH STREET		CITY-ST-ZIP	SEATTLE WA 98115		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	☐ Change ☐ Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	☐ Change ☐ Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	☐ Change ☐ Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	☐ Change ☐ Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	☐ Change ☐ Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME URREA

March 5, 1999 (214) 353-9761

Date

Daytime Phone

CR2E034 (1/98)