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

FILED Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000075782 (8) DOCUMENT # BISCAYNE BABEL, INC. Principal Place of Business Mailing Address P.O. BOX 381703 P.O. BOX 381703 MIAMI FL 33238 MIAMI FL 33238 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1996 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 65-0707812 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name LEONI, TODD 7100 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 305** 83 **MIAMI FL 33138** 84 Zip Code City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE LEONI, TODD 12 NAME NAME P.O. BOX 381703 N/A 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33238 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TOTLE Change Addition TITLE 4 2 NAME NAME A 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

305 756-1177

Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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 frue 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 frustee impowered 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 or an attachment with an address. 4-16-98 TODD LEONI SIGNATURE:

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME