CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P96000084846 (0) ATLAS CONCORDE U.S.A., INC. Principal Place of Business Mailing Address 701 BRIÇKELL AVE 701 BRICKELL AVE SHITE 3000 SUITE 3000 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 10/15/1996 2. Principal Place of Busines Mailing Address Applied For 21 1700 N. DIXIE HUY SUTE 141 1700 N. DIXIE HWY SUITE 141 65-0712223 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be BOCA RATON BOCA RATON 23 Trust Fund Contribution Added to Fees 28 Country 33432 Country 8. This corporation owes or has paid the current year Intangible ☐ No 29 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name INTRASTATE REGISTERED AGENT CORPORATION CLAUDIO MINGHETTI 701 BRICKELL AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3000 **MIAMI FL 33131** 125 N. OCEAN BUID BOCA RATON 11. Pursuant to the provisions of soffice or Adistered agonton it ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such shange was authorized by the corporation's board of directors. I hereby accept the appointment of the first of the state of the same SIGNATURE 12. 13. DELETE TATLE 1 1 TITLE MINGHETTI, CLAUDIO NAME 1.2 NAME 7900 GRANADA PLACE.. #1102 STREET ANDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE Tift F 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS**

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 supply intental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the perporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

☐ Change

Addition

6 1 TITLE

6.2 NAME

DELETE