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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Q1798

FILED
98 AUG 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093471

1. Corporate Name
PISCES MANAGEMENT INCORPORATED

Principal Place of Business | Mailing Address

REINSTATEMENT 97-98 ar
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
NOVEMBER 14, 1996

2. Principal Place of Business	2a. Mailing Address
21 75 SW 8TH ST	26 75 SW 8TH ST.
Suite, Apt. #, etc. 22 SUITE 401	Suite, Apt. #, etc. 27 SUITE 401
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33130 Country 25 DADE	Zip 29 33130 Country 30 DADE

4. FEI Number 65-0707848 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERICANWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: Michael H. Lax, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1570 MADRUGA AVE.
83 Suite 311
84 City: CORAL GABLES FL 85 Zip Code: 33146

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: Michael H. Lax Michael H. Lax 8/17/98
(Signature of Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS

01 TITLE	P	☐ DELETE
02 NAME	BRIAN HARTHCOCK	
03 STREET ADDRESS	11076 SW 70 TERR.	
04 CITY-ST-ZIP	MIAMI, FL 33173-2156	
05 TITLE		☐ DELETE
06 NAME		
07 STREET ADDRESS		
08 CITY-ST-ZIP		
09 TITLE		☐ DELETE
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ DELETE
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ DELETE
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ DELETE
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	500002536485--6	
1.4 CITY-ST-ZIP	-09/10/98--01062--024	
2.1 TITLE	****150.00 ****150.00	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	500002536485--6	
2.4 CITY-ST-ZIP	-09/10/98--01062--025	
3.1 TITLE	****750.00 ****750.00	☐ 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		

CR2E034 (10/97)

14. I hereby certify that the corporation named herein does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: BRIAN HARTHCOCK, PRES. 4/17/98 (305) 871-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number