FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT I CORPORATION Sandra B. Morth m Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P96000104161 (0) LANDERS INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 90.W. FLAGLEN STREET 3990 W. FLAGLER STREET MIAMI FL 99194 MIAMI-FL-93134-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2, Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 321 Granello Ave 321 Granello Ave Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LANDERS, ROBIN 9999 W. FLAGLER-STREET Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI-FL-93194-R3 oper of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered only in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607.0505, Florida Statutes. Pursuant to the prooffice or registere agent. I am fam SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Change Addition 2.1 HILE TITLE RODRIGUEZ NAME 2.2 NAME 321 GRANELLO AVE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP TITLE 3.1 TITLE Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

14. I hereby certify that the information indicated on this annual report officer or director of the corporation.

Block 12 or Block 13 if cha

CITY-ST-ZIP

fri attachment with an address.

Robert 5 London 4/11/198 (395)

oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information offend its 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in