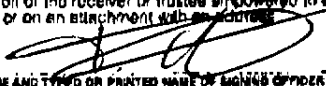


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000018647 1. Corporation Name EGOLI USA, INC.			
Principal Place of Business 2613 TOLEDO STR. CORAL GABLES, FL 33134		Mailing Address 2613 TOLEDO STR. CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2613 TOLEDO STR. State, Apt. #, etc. 22 CORAL GABLES FL City & State 23 33134 Zip 24 USA Country		3. Date Incorporated or Qualified FEBRUARY 26, 1997 4. FEI Number 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year (Intangible Personal Property Tax due June 30). ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BELLEVUE #211 PALM BEACH GARDENS FL 33418		9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City 95 FL 96 Zip Code	
10. 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 LINE Signature of principal officer or director or officer or director (NOTE: Registered Agent signature required when registering) DATE			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	DR. THOMAS KOEGLER 2613 TOLEDO ST. CORAL GABLES, FL 33134	11 TITLE 11 NAME 11 STREET ADDRESS 11 CITY-ST-ZIP ☐ Change ☐ Addition	12 TITLE 12 NAME 12 STREET ADDRESS 12 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		21 TITLE 21 NAME 21 STREET ADDRESS 21 CITY-ST-ZIP ☐ Change ☐ Addition	22 TITLE 22 NAME 22 STREET ADDRESS 22 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		31 TITLE 31 NAME 31 STREET ADDRESS 31 CITY-ST-ZIP ☐ Change ☐ Addition	32 TITLE 32 NAME 32 STREET ADDRESS 32 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		41 TITLE 41 NAME 41 STREET ADDRESS 41 CITY-ST-ZIP ☐ Change ☐ Addition	42 TITLE 42 NAME 42 STREET ADDRESS 42 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		51 TITLE 51 NAME 51 STREET ADDRESS 51 CITY-ST-ZIP ☐ Change ☐ Addition	52 TITLE 52 NAME 52 STREET ADDRESS 52 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		61 TITLE 61 NAME 61 STREET ADDRESS 61 CITY-ST-ZIP ☐ Change ☐ Addition	62 TITLE 62 NAME 62 STREET ADDRESS 62 CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(d), Florida Statutes. I further certify that the information contained on this annual report or supplements, annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 Book 12 or Book 13 if changed, or on an attachment with an addition.		900002505220 -04/29/98--01063--006 ***150.00	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		THOMAS A. KOEGLER	