FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Feb 09 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000022309 (3) CADOR, INC. Principal Place of Business Mailing Address 18330-CO DIVIS HIGHWAY 18398 SCEDING HIGHWAY MAMI-FL 33157-5523 MIAMI FL 33157 5527 DAME Hay DO NOT WRITE IN THIS SPACE)/XIE AWY 3. Date Incorporated or Qualified 03/06/1997 Applied For 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DORMOY, CLAUDE 18398 SO DIXIE HIGHWAY - 24795 S. DIXIE HUY Street Address (P.O. Box Number is Not Acceptable) MIAMI-FL 33157-5527 City Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (CEASURER) TITLE DELFTE 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME NAME STREET ADDRESS YOUNGE TO CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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 on an attachment with an address. SIGNATURE

NAME

STREET ADDRESS

02/02/98

(10/97

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