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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034859 (3)

FILED May 18 1998 8:00am Secretary of State

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MBD INTERNATIONAL, INC. Principal Place of Business Mailing Address 19653 N.W. 87TH COURT 19653 N.W. 87TH COURT MIAMI FL 33018 MIAMI FL 33018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 19653 NW 87Th CT 19653 NW 87th C+ 65-07*59*403 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Hialeah Hakah Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERICAWYER CHARTERED Slater Michae 343 ALMERIA AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 Zip Code 8 84 City Halcan 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. - Prosident Slater name of registered agont and title if applicable (NOTE: Registered Apent sign 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 TITLE **SLATER, MICHAEL J** NAME 1.2 NAME 19653 N.W. 87TH COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAM! FL 33018** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SANCHEZ, EDWARD NAME 2.2 NAME 19653 N.W. 87TH COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33018 CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Channe TITLE 3.1 TITLE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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.