FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000042713 (2) LEADING EDGE EXPORTERS, INC. Principal Place of Business Mailing Address 2500 S W 107TH AVENUE 2500 S W 107TH AVENUE SHITE 26 DO NOT WRITE IN THIS SPACE MIAM! FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 05/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAMJATTAN, CLIVE 2500 SW 107TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 26 83 **MIAM! FL 33165** 84 City 85 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 hance of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE IANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/ 12. OFFICERS AND DIRECTORS 13. DELETE esidens Change Addition 1.1 TITLE TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST- 2IP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE

14. Thereby 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 supplements 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 previous or trustee mispowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

OLONIATURE.

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

3/16/98 (205) 23-841

Change

Addition