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

SIGNATURE:

FILED May 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DOCUMENT # P9710000 43750 Corporation Narrie SJA INTERNATIONAL CORP. Principal Place of Business 17901 N W 68A Ve. A R102 NALEAH PC 33015-3961 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable \$8.75 Additional Suite, Apl. #. etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zin 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMANDA D. SUBERVI 81 Name 17901 NW 6854. H RIOS WIALRAH PL 330 15-3961 Street Address (P.O. Box Number is Not Acceptable) City 65 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, 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 CR2E034 (10/97 12. ☐ Change ☐ Addition 111116 AMANDA D. SUBERVI 1.2 NAME 17901 NW 68 St. R102 1.3 STREET ADDRESS STREET ADDIRESS MAKAH FR 32015-3961 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition 2.1 TITLE 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition JIILE 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP COLY-ST-ZIP ☐ DELETE THILE 5.1 TITLE 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY ST-70° 54 CITY-ST-ZIP DELETE 6.1 TITLE mut 300002536763 6.2 NAME NAME STREET AIDRESS

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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 symplemental 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 ampowered 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 attantiment with an address.

D TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR