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Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P97000045484

1. Corporation Name
CAPITAL VENTURES SOUTH FLORIDA, INC.

Principal Place of Business
P.O. BOX 331818
MIAMI, FLORIDA 33233

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 331818
22 Suite, Apt. #, etc
23 City & State: Miami, Florida
24 Zip: 33233 25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc
28 City & State: SAME
29 Zip: SAME 30 Country: SAME

3. Date Incorporated or Qualified: MAY 22, 1997

4. FEI Number: 65-0752418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Jean Inman Farrell
2908 Seminole Street
Coconut Grove, Florida 33133

10. Name and Address of New Registered Agent
81 Name: Peter Margolis
82 Street Address (P.O. Box Number is Not Acceptable): 1814 South Bayshore Avenue
83
84 City: Miami FL 85 Zip Code: 33133

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 PETER MARGOLIS, REGISTERED AGENT MAY 27 1998
(Signature, Type & Date of Person Executing Form) (DATE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Secretary/Treas. Jean Inman Farrell 2908 Seminole Street Coconut Grove, FL 33133	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D P T Peter Margolis 1814 South BayshoreAvenue Miami, Florida 33133	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D V S Michael A. Gral 100 East Wisconsin Avenue, Suite 3300 Milwaukee, Wisconsin 53202-4108	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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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 added.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/27/98 (414) 271-6560

CR2E034 (10/97)