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

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Jun 24 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 # P 97000055387

1. Corporation Name
EQUIPOL INTERNATIONAL, INC.

Principal Place of Business
6800 SW 40th ST #410
MIAMI, FL. 33155

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6-18-97

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

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

4. FEI Number
62-1700923
☐ 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
MICHAEL FISHER
SEMINOLE, FL.

10. Name and Address of New Registered Agent
81 Name: SHAWN OLIVER
82 Street Address (P.O. Box Number is Not Acceptable): 4970 SW 72ND AVE SUITE 103
83
84 City: MIAMI **FL** 85 Zip Code: 33155

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] (Signature of New Registered Agent, if changing) DATE: 6-11-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	MICHAEL L. FISHER	1.2 NAME	SHAWN OLIVER
STREET ADDRESS	SEMINOLE, FL.	1.3 STREET ADDRESS	4970 SW 72ND AVE SUITE 103
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	600002571936
STREET ADDRESS		6.3 STREET ADDRESS	-06/25/98--01018--013
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

6.24

CR2E034 (10/97)

14. I hereby certify that the entity listed above to be reinstated does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 above or on an attached supplemental sheet.

SIGNATURE: [signature] SHAWN OLIVER 6-11-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #