FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000066240 (7) DOCUMENT # PH INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 1502 S.W. 19TH STREET 1502 S.W. 19TH STREET MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 2. Principal Place of Business Applied For 1257/SW Suite, Apt. #, etc. 65-Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution 33 Dade Yes Personal Property Tax due June 30. 9. Name and Address of Current Register 10. Name and Address of New Registered Agent Name AUERBACH, MARC H ESQ. 100 S.E. 2ND STREET Street Address (P.O. Box Number is Not Acceptable) 28TH FLOOR 83 **MIAMI FL 33131 B4** City SIGNATURE Signature, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature when reinstating) 12 OFFICERS AND DIRECTORS 13. President ■ DELETE TITLE 1.1 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS

Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 12571 SWB& Terr CITY-ST-ZIP MIQMI FL 33/75 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Alex Gomez NAME 2.2 NAME 1502 SW 19 SC STREET ADDRESS 2.3 STREET ADDRESS MI ami FL 33145 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CHTY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

CITY-ST-ZIP 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 supplimental 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 of the report of 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 chapter 607 and all annual report is called in an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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305)552-7725

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