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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072157 (5)

C.P.S. BUSINESS, CORP.

Principal Place of Business

Mailing Address

8045 NORTH WEST 36TH STREET SUITE NO 525

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FILED Feb 11 1998 8:00am Secretary of State



MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1997 2. Principal Place of Business 4. FEI Number 0777801 2a. Mailing Address Applied For 4811 NW GAUE. 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible USA USA 29 Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SILVA, VIVIANE DIAS 8045 NORTH WEST 36TH STREET SUITE NO 525 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 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 name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change DELETE 1.1 TETLE SAN MARTIN, ADELAIDA NAME 1.2 NAME 8045 NORTH WEST 36TH STREET SUITE NO 525 STREET ADDRESS 1.3 STREET ADDRESS **MIAM! FL 33166** CITY-ST-ZIP 1.4 CITY - ST - ZIP Title F DELETE 2.1 TITLE Change ■ Addition SAN MARTIN, ANTONIO V NAME 2.2 NAME 8045 NORTH WEST 36TH STREET SUITE NO 525 STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition SILVA, VIVIANE DIAS NAME 3.2 NAME 8045 NORTH WEST 36TH STREET SUITE NO 525 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33166 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-ZIF 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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 suppliemental 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 on 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 on the appears in address.

SIGNATURE:

Silva, Viviane Dion