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

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072625

1. Corporation Name
PAULDI, INC.

Principal Place of Business
~~1675 PALM BEACH LAKES BLVD.~~
~~SUITE 700~~
~~WEST PALM BEACH FL 33401~~

Mailing Address
~~1675 PALM BEACH LAKES BLVD.~~
~~SUITE 700~~
~~WEST PALM BEACH FL 33401~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1997

2. Principal Place of Business
21 7040 W. Palmetto Park Rd. #4
Suite, Apt. #, etc.
22 PMB 534
City & State
23 Boca Raton, Florida
Zip 24 33433 Country 25 USA

2a. Mailing Address
26 7040 W. Palmetto Park Rd. #4
Suite, Apt. #, etc.
27 PMB 534
City & State
28 Boca Raton, Florida
Zip 29 33433 Country 30 USA

4. FEI Number: 59-3464905 — 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CLAYTON, BARRY L
1675 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 HAAAA3AAE431--4 -10/05/99--01109--009
84 City *****61.25 FL 85 Zip Code 25

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME FALTOYANO ELIAD, ADRIANA		1.2 NAME	
STREET ADDRESS ~~1675 PALM BEACH LAKES BLVD.~~		1.3 STREET ADDRESS 7040 W. Palmetto Park Rd. #4, PMB 534	
CITY-ST-ZIP ~~WEST PALM BEACH FL 33401~~		1.4 CITY-ST-ZIP Boca Raton, FL 33433	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TS

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 on an attachment with an address, with all other like empowered.

SIGNATURE: A. Faltoyano A. Faltoyano 9-21-99 5-26-99 954-426-8461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Adriana Faltoyano Eliad — Certified Mail Receipt Z 152 [illegible]

CR2E034 (11/98)