

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000095689

1. Corporation Name:

McRIVERSON INTERNATIONAL INC.

Principal Place of Business 2061 NW 96th Terrace, Suite N Pembroke Pines, FL 33024	Mailing Address 2061 NW 96th Terrace Suite N Pembroke Pines, FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/7/97	4. FEI Number 65-0792723	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

JAMES T. McCLAIN
2061 NW 96th Terrace, Suite N
Pembroke Pines, FL 33024

10. Name and Address of New Registered Agent

81 Name JAMES T. McCLAIN
82 Street Address (P.O. Box Number is Not Acceptable) 2061 NW 96th Terrace, Suite N
83
84 City Pembroke Pines
85 Zip Code 33024

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

James T. McClain

(NOTE: Registered Agent's signature required when reinstating)

3-29-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James T. McClain 2061 NW 96th Terrace, Suite N Pembroke Pines, FL 33024 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P James T. McClain 2061 NW 96th Terrace, Suite N Pembroke Pines, FL 33024 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Derrick P. Jackson 1960 NW 179th Street Opa Locka, FL 33056 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/V Derrick P. Jackson 1960 NW 179th Street Opa Locka, FL 33056 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lonniea V. Rivers 18824 NW 32nd Place Miami, FL 33056 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002519653 -05/12/98--01019--002 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002519653 -05/12/98--01019--001 ***8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:

James T. McClain

James T. McClain 3-29-98 954-450-4331

CR2E034 (10/97)