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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098807 (5)

FILED Apr 09 1998 8:00am Secretary of State

PIELI, INC. Principal Place of Business Mailing Address 4300 S. U.S. HIGHWAY 1, SUITE 203-161 4300 S. U.S. HIGHWAY 1, SUITE 203-161 JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/17/199</u>7 2. Principal Place of Business 2a. Mailing Address Applied For **6**5-0804891 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEGALMARK CORPORATION 4262 NORTHLAKE BLVD SUITE 1231 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 84 City 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 Lorida. 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE DIRECTOR Change Addition TITLE 1.1 TITLE CORTI EUANA 1.2 NAME NAME CRZE034 912 UHPQUA COURT STREET ADDRESS 1.3 STREET ADDRESS PREKONTICA 94539 14 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 City-St-ZiP ☐ Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 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: