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

FILED Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000106642 (6) Jorgeman M. De Souza, P.A. Principal Place of Business Mailing Address 4730 CHEVY PL 4730 CHEVY PL ORLANDO FL 32811 ORLANDO FL 32811 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3482495 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 SWART, HARRY J 717 E OAK ST Street Address (P.O. Box Number is Not Acceptable) 82 KISSIMMEE FL 34744 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change X Addition 11 THLE TITLE P.S DE SOUZA, JORGEMAN M 1.2 NAMI NAME 4730 CHEVY PL STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELE1E Change Addition TITLE 3.1 TITLE 3.2 NAME 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-7IP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 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, on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

1 Some

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

89/20/140

402-841-1202

Change

Addition

CR2E034 (10/97)