SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90048 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000038507**

1. Corporation Name
AMERICAN DYNAMICS, INC.

Principal Place of Business	Mailing Address
100 SE 2 STREET STE 3700 MIAMI FL 33131	100 SE 2 STREET STE 3700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 40304 Fisher Island Drive	2a. Mailing Address 28 40304 Fisher Island Drive
Suite, Apt. #, etc. 22 #40304	Suite, Apt. #, etc. 27 #40304
City & State 23 Fisher Island, Florida	City & State 29 Fisher Island, Florida
Zip / Country 24 33109 / 25 USA	Zip / Country 29 33109 / 30 USA

3. Date Incorporated or Qualified: 04/27/1998
4. FEI Number: 65-0845214 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEFELER, GEORGE
100 SE 2 STREET STE 3700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ROBERT L. KLINE, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Drive
83: Suite 903
84 City: Coconut Grove FL 85 Zip Code: 33133

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: ROBERT L. KLINE DATE
Signature of new registered agent or registered agent and name if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN-LEVY, LEON 7213 FISHER ISLAND DR FISHER ISLAND FL 33109	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENAROCH, FORTUNATO 14 RUE DU THEATRE 75015 PARIS, FRACE	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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
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

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(5)(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 authorized 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: LEON COHEN 9/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #