

02231999-9032-001-\$150.00-\$150.00

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>DOCUMENT # P98000098219</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 1. Corporation Name<br><b>CROMBET, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Principal Place of Business<br><b>7080 NW 4 STREET<br/>PLANTATION FL 33317</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Mailing Address<br><b>7080 NW 4 STREET<br/>PLANTATION FL 33317</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. Date Incorporated or Qualified<br><b>11/23/1998</b><br>4. File Number<br><b>65-0877454</b><br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                  |  |
| 8. Name and Address of Current Registered Agent<br><b>WOLF, JEROME L<br/>450 E LAS OLAS BLVD STE 350<br/>FT LAUDERDALE FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 9. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 City<br>84 State <b>FL</b> 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 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: <i>Ramon Rodriguez</i> (NOTE: Registered Agent signatures required when regulations change) DATE: <b>1/7/99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 12. OFFICERS AND DIRECTORS<br>12.1 TITLE <b>President</b> <input type="checkbox"/> DELETE<br>12.2 NAME <b>Ramon A. Rodriguez</b><br>12.3 STREET ADDRESS <b>7080 N.W. 4 Street</b><br>12.4 CITY-STATE-ZIP <b>Plantation, FL 33317</b><br>12.5 TITLE <input type="checkbox"/> DELETE<br>12.6 NAME<br>12.7 STREET ADDRESS<br>12.8 CITY-STATE-ZIP<br>12.9 TITLE <input type="checkbox"/> DELETE<br>13.0 NAME<br>13.1 STREET ADDRESS<br>13.2 CITY-STATE-ZIP<br>13.3 TITLE <input type="checkbox"/> DELETE<br>13.4 NAME<br>13.5 STREET ADDRESS<br>13.6 CITY-STATE-ZIP<br>13.7 TITLE <input type="checkbox"/> DELETE<br>13.8 NAME<br>13.9 STREET ADDRESS<br>14.0 CITY-STATE-ZIP |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.2 NAME<br>13.3 STREET ADDRESS<br>13.4 CITY-STATE-ZIP<br>13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.6 NAME<br>13.7 STREET ADDRESS<br>13.8 CITY-STATE-ZIP<br>13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>14.0 NAME<br>14.1 STREET ADDRESS<br>14.2 CITY-STATE-ZIP<br>14.3 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>14.4 NAME<br>14.5 STREET ADDRESS<br>14.6 CITY-STATE-ZIP |  |

SIGNATURE:

*Ramon Rodriguez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

150.00

1/7/99 954-583-7711

|                                                                                                               |  |                                    |
|---------------------------------------------------------------------------------------------------------------|--|------------------------------------|
| <b>RAMON RODRIGUEZ OR<br/>CYNTHIA M. RODRIGUEZ</b><br>509 ROYAL PLAZA DR.<br>FORT LAUDERDALE, FL 33301-2517   |  | 5443<br>62-27/831<br>878           |
| Pay to the Order of <b>Secretary of State</b> \$ <b>150.00</b><br><b>One Hundred Fifty and 00/100</b> Dollars |  |                                    |
| <b>NationsBank</b><br>NationsBank, N.A.<br>Florida                                                            |  | PROFESSIONAL AND EXECUTIVE BANKING |
| For <i>Ramon Rodriguez</i>                                                                                    |  |                                    |
| ⑆063100277⑆ 003501871⑆ 5443                                                                                   |  |                                    |

CR2E034 (1/1/98)