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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103171

1. Corporation Name

KARLOS HOLDINGS, INC.

Mailing Address Principal Place of Business ONE FINANCIAL PLAZA. SUITE 2110 ONE FINANCIAL PLAZA, SUITE 2110 FT. LAUDERDALE FL 33394 ft. Lauderdale fl. 33394 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0881260 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation owes the current year Intangible Ζίρ XΝο Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WINDERLICH, CHARLES Street Address (P.O. Box Number is Not Acceptable) 82 ONE FINANCIAL PLAZA, SUITE 2110 FT. LAUDERDALE FL 33394 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change DELETE 1.1 TITLE TITLE | WUNDERLICH, CHARLES 1.2 NAME NAME ONE FINANCIAL PLAZA, SUITE 2110 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33394 1.4 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DFLETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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 supplementar 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 13 if changes for open affactment with all address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90096 002 ***150.00

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