2005 FOR PROFIT CORPORATION

AMENDED ANNUAL REPORT 05 JUN 20 AM 9: 43 DOCUMENT # P99000060396 KASSINCO INTERNATIONAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6303 BLUE LAGOON DRIVE 6303 BLUE LAGOON DRIVE SUITE 390 SUITE 390 MIAMI, FL 33126-6005 MIAMI, FL 33126-6005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 63-1031749 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARQUEZ & MARCELO-ROBAINA, P.A. Street Address (P.O. Box Number is Not Acceptable) 6303 BLUE LAGOON DRIVE **SUITE 390** MIAMI, FL 33126-6005 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPVS Delete TITLE ☐ Change X Addition KASSIN, DONNA NAME NAME BRAITHWAITE, Paula Marie STREET ADDRESS 6303 BLUE LAGOON DRIVE - SUITE 390 STREET ADDRESS 6303 Blue Lagoon Dr. Suite 390 Miami, FL 33126-6005 City-St-ZIP CITY-ST-ZIP MIAMI, FL 331266005 Y Delete TITLE TITLE Change X Addition KASSIN, Patricia Elaine NAME KASSIN, DONNA NAME STREET ADDRESS 6303 BLUE LAGOON DRIVE - SUITE 390 STREET ADDRESS 6303 Blue Lagoon Dr. Suite 390 Miami, FL 33126-6005 CITY-ST-ZIP MIAMI, FL 331266005 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21F TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Rorida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

06/10/05 (305) 262-2206

Daytime Phone #

Change

Addition