FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 -FZORDA-DEPARMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State CIVISION OF COPPORATIONS 1996 **DOCUMENT #** Corporation Name POUND INTERNATIONAL CORPORATION Mailing Address Principal Place of Business 1221 BRICKELL AVE. 1221 BRICKELL AVE. STE 1480 STE 1480 MIAMI FL 33131 MIAMI FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified HS US 10/19/1990 02/07/1995 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business 13-2609843 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s 199.032, Country Zφ Zın Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** Zip Code City 84 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 the if acclicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 1 THTLE TITLE 1.2 NAME RACKLIN, DAVID V. NAME 1221 BRICKELL AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE RACKLIN, TONI R. 22 NAME NAME 23 STREET ADDRESS 1221 BRICKELL AVE. STREET ADDRESS MIAMI FL 24 CITY-ST-ZIP C+TY - ST - ZiP ☐ Addition DELETE 3 1 TITLE TITLE 3 2 NAME RACKLIN, NICOLE D. NAME 3.3 STREET ADDRESS 1221 BRICKELL AVE. STREET ADDRESS 3.4 CITY - ST - ZIP MIAMI FL CITY-ST-ZIP Change Addition PANA DELETE 4 1 TITLE THLE PUERTO, DANNA CRIBBS 4.2 NAME NAME 1221 BRICKELL AVENUE 4.3 STREET ADDRESS STREET ADDRESS MAIMI FL 4.4 CH1Y - ST - 24P CITY-S1-ZIP ☐ Addition ☐ Change TT DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-ZIP CHTY-ST-ZIP Addition DELETE Change 6. 1 TITLE 1000 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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, or on an attachment viit an address

SIGNATURE: