FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Mar 19 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name S17815 WEISER TU TU TANGO CORP. Principal Place of Business Maling Address 3250 Mary Street Same Suite 208 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified Miami, Florida 33133 12/12/90 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0238896 Suite Apt # etc Suite Apt #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 Suite 203 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 6. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Richard B. Schatz Street Address (P.O. Box Number is Not Acceptable) Terremark Corporate Agents, Inc. 2601 S. Bayshore Drive 2200 Museum Tower 19th Ploor Miami, Plorida 33133 150 West Flagler Street 84 85 Zip Code 33130 <u> Miami</u> 11. Pursuant to the provisions of Section office or registered agent or both in Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered da. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered if Section 607 0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PSD 1.1 TITLE Bradley A. Weiser 12 NAME STREET ADDRESS 3250 Mary Street, Suite 203 1.3 STREET ADDRESS Caty Stazie <u>Miami, Florida 33133</u> 1.4 CITY - ST - ZIP DELETE 146 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST ZIP 2 4 CITY - ST - ZIP DELETE Change Acdd. TITLE 3.1 TITLE NAVE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 34 CITY-ST-ZIP DELETE Change _____ 2gn/ v 4 1 TITLE 4 2 NAME NAME STREET ACCRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP TIT, F OFLETE Chan Adult: 5.1 TITLE MANIE 52 NAME STREET ADDRES: 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 800002461698 DELETE THUE 6 t TITLE Addit : NAME 6.2 NAME -03/19/98--01020--001 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6 4 CITY - ST - ZIP filled with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information incremental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am another receiver or trustee empowered to execute this report as repoped by Chapter 607. Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or the receiver or trustee empowered to execute this report as regi Block 12 or Block 13 if char

SIGNATURE