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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S33695

(5)

SIGNATURE INTERNATIONAL, INC.

FILED

Apr 24 1998 8:00am

Secretary of State

ΠNo

Principal Place of Business Mailing Address 7836 W. 2ND CT. 7836 W. 2ND CT. HIALEAH FL 33014 HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21

65-0339145 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

MALIK, TARIQ 7836 W. 2ND CT. HIALEAH FL 33014

Street Address (P.O. Box Number is Not Acceptable) **B2** 83 84 Zip Code City 85

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 Signature, typod or ponted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MALIK, TARIQ 1.2 NAME 7836 W. 2ND CT STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITUE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELETE Change Addition 4.1 T ı F TITLE ME STREET ADDRESS HEET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE 5.1 Change ■ Addition TITLE NAME 5.2 STREET ADDRESS ET ADDRESS -ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS ET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the e-indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered in execute. Block 12 or Block 13 if changed, or on an attachment with an address.

nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an in epolt as required by Chapter 607, Florida Statutes; and that my name appears in