FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 17 1998 8:00am PROFIT ELORIDA DEPARIMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (2)MICROMAKERS CORPORATION Mailing Address Principal Place of Business 10415 NW 56TH TERRACE 3000 NW 72ND AVENUE MIAMI FL 33178 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1991 2. Principal Place of Business 21 One S.E. Third Avenue 2a. Mailing Address Applied For 65-0252138 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MASELLIS, BARTOLOME 10415 NW 56TH TERRACE Street Address (P.O. Box Number is Not Acceptable) One S. E. Third Avenue 82 **MIAMI FL 33178** 83 Suite <u>960</u> 84 Zip Code 3313 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 State of the day was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NCIL: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRI CTORS 12, 13. DELETE TITLE Change Addition MASELLIS, BARTOLOME CR2E034 NAME 1.2 NAME One S.E. Third Ave. - Suite960 10415 NW 56TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS Miami - FI - 33131 MIAMI FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 2 1 T/TLE TITLE MASELLIS, YOLEYDA 2.2 NAME NAME One S.E. Third Ave. - Suite 960 10415 NW 56TH TERRACE 2.3 STREET ADDRESS STREET ADORESS MIAMI FL 2 4 CITY - ST - ZIP <u> Miani – FI- 33131</u> CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DECETE 61 TITLE Change ☐ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this annual report or suppliemental 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Voleyda Massellis Voleyda Masellis

6.4 CITY - ST - ZIP

01/10/98

305/592-7335

FILED