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

** Resigned as of05/26/98

CITY-ST-ZIP

Jun 24 1998 8:00am AMENDED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name S55296 INTERLAND MANAGEMENT, INC. 7227 NW 29th Avenue, 2d Floor Miami, FL 33147 Mailing Address Principal Place of Business AMENDMENI P. O. Box 527711 7227 NW 29th Avenue, 2d Floor Miami, FL 33152~7711 DO NOT WRITE IN THIS SPACE Miami, FL 33147 3. Date Incorporated or Qualified 05/28/91 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0266097 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name Leonel Enriquez Oscar Acharandio Street Address 122 Box Number is Not Acceptable), 2d Floor 82 7227 NW 29th Ave., 2d Floor Miami, FL 33147 83 Miami, FL 33147 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 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. I am familiar with and accept the obligations of Soction 607.0505, Florida Statutes. SIGNATURE Legnel Enriquez weres -June-3_{4:} 1998out registered agent and title diapple able OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Acharandio, Oscar, PSD X DELETE FILE 1.1 TOTLE Change NAME 12 NAME Enriquez, Leonel 7227 NW 29th Ave., 2d Floor STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - S1 - ZIP Miami, FL 33147 DELETE TITLE 2.1 TITLE Lopez, Avelardo R. 2.2 NAME NAME Cerna, Blanca STREET ADDRESS 2.3 STREET ADDRESS 7227 NW 29th Ave., 2d Floor 2. 4 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33147 XX Change DELETE Addition TITLE 3.1 TITLE D NAME 3.2 NAME Medina, Jorge 3.3 STREET ADDRESS STREET ADDRESS 7227 NW 29th Ave., 2d Floor CITY-ST-7IP 3.4. CITY-ST-ZIP Miami, FL 33147 TITLE DELETE 4.1 11/14 Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP L. DELETE Change Addition TITLE 5.1 TITLE ECCEPTED PER 1 TAGE NAME 5.2 NAME --06/25/99---01001----093 STREET ADDRESS 5 3 STREET ADDRESS ***(35,68 CITY-ST-ZIP 54 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 6.1 TITLE BOUNDURSYLTAG NAME 6.2 NAME -06/25/98--01001--**0**52 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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. I 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 of the receiver of 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 our an attack of the true of the corporation of the receiver of 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 our an attack of the corporation of the receiver of 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 our an attack of the corporation of the receiver of 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 our an attack of the receiver of 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 our an attack of the receiver of 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 our an attack of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if the receiver of the receiv

***201,255

FILED