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May 05 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)CALDERA ENTERPRISE INC. Principal Place of Business Mailing Address 18305 S.W. 84TH COURT 18305 S.W. 84TH COURT MIAMI FL 33157 **MIAMI FL 33157** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1991 26. Mailing Address 26. 4400 Principal Place of Business 4. FEI Number Applied For NOT APPLICABLE Not Applicable Suite. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country Zip 8. This corporation owes or has paid the current year Intangible USA 24 29 Personal Property Tax due June 30. Yes Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Chasto DANISI dress (P.O. Box Number is Not Acceptable R2 83 City 85 Zip Code M IAM. 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, 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. DANIEL CHRISTOPHER HALL Signature typed or pointed name of registries Lagrant and bite if ap-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE HALL, DANIEL-CHRISTOPHER 12 NAME NAME 4100 NE 2ND AVE SUITE 311 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition ANTONIO 2.2 NAME 1068 N A STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE 6 1 TITEF Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filling 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 supplemental 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 chariged, or on an attachment with an address.

. DANIEL CHRISTOPHER

ELORIDA DEPARTMENT DE STATE

FILED