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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74218

1. Corporation Name

PHOENIX INTERNATIONAL CAPITAL, INC.

Principal Place of Business

% WLMC REGISTERED AGENTS, INC.
 701 BRICKELL AVE STE 2000
 MIAMI FL 33131
 US

Mailing Address

% WLMC REGISTERED AGENTS, INC.
 701 BRICKELL AVE STE 2000
 MIAMI FL 33131
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1991

4. FEI Number

65-0280765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3300 PGA Blvd.

Suite, Apt. #, etc.

22 #810

City & State

23 Palm Beach Gardens, FL

Zip

24 33410

Country

25 US

2a. Mailing Address

26 3300 PGA Blvd.

Suite, Apt. #, etc.

27 #810

City & State

28 Palm Beach Gardens, FL

Zip

29 33410

Country

30 US

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS INC.
 701 BRICKELL AVE
 STE 2000
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Hixon Marin Powell & DeSanctis, PA

82 Street Address (P.O. Box Number is Not Acceptable)

83 3300 PGA Blvd., Suite 810

84 City

Palm Beach Gardens FL

85 Zip Code 33410

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME DPS
 STREET ADDRESS SOKOLOV, LEONARD J.
 CITY-ST-ZIP 701 BRICKELL AVE #2000
 MIAMI FL 33131

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 DPS
 SOKOLOV, LEONARD J.
 3300 PGA Blvd., Suite 810
 Palm Beach Gardens, FL 33410

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby 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 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard J. Sokolov

Date

Daytime Phone #

CR2E034 (11/98)