

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V40029 (3)  
1. Corporation Name  
EDAM, INC.



|   |  |
|---|--|
| Principal Place of Business<br>6705 MILLER DR<br>MIAMI FL 33155 | Mailing Address<br>6705 MILLER DR<br>MIAMI FL 33155-5721 |
|---|--|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/01/1992 | 3a. Date of Last Report<br>04/15/1996 |
|---|---------------------------------------|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 8907 SW 150 PL CIR<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 MIAMI FL<br>Zip<br>24 33196<br>Country<br>25 | 2a. Mailing Address<br>26 8907 SW 150 PL CIR<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 MIAMI FL<br>Zip<br>29 33196<br>Country<br>30 |
|---|--|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0336691 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

|  |                                |
|--|--------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|--|--------------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

CHOOS, S. SCOTT  
10720 CARIBBEAN BLVD  
SUITE 455  
MIAMI FL 33189

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL  |
| 85 Zip Code   |

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PSD               | <input type="checkbox"/> DELETE |
| NAME           | KATZ, JUAN CARLOS |                                 |
| STREET ADDRESS | 6705 MILLER DR    |                                 |
| CITY-ST-ZIP    | MIAMI FL          |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                    |  |
|--------------------|--------------------|--|
| 1.1 TITLE          | PSD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | KATZ, JUAN CARLOS  |  |
| 1.3 STREET ADDRESS | 8907 SW 150 PL CIR |  |
| 1.4 CITY-ST-ZIP    | MIAMI FL 33196     |  |
| 2.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                    |  |
| 2.3 STREET ADDRESS |                    |  |
| 2.4 CITY-ST-ZIP    |                    |  |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                    |  |
| 3.3 STREET ADDRESS |                    |  |
| 3.4 CITY-ST-ZIP    |                    |  |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                    |  |
| 4.3 STREET ADDRESS |                    |  |
| 4.4 CITY-ST-ZIP    |                    |  |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                    |  |
| 5.3 STREET ADDRESS |                    |  |
| 5.4 CITY-ST-ZIP    |                    |  |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                    |  |
| 6.3 STREET ADDRESS |                    |  |
| 6.4 CITY-ST-ZIP    |                    |  |

14. I do 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.

SIGNATURE: [Signature] DATE: APR 17 1997 (33) 385-008

CR2E034 (9/96)