~ 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715290

1. Entity Name

Aug 15, 2001 8:00 am Secretary of State

08-15-2001 90004 029 ****61.25 EDISON CENTER INTERNATIONAL FREE AND ACCEPTED MO Principal Place of Business Mailing Address 5598 N W 7TH AVE 3011 N.W. 171ST STREET A0081272 MIAMI FL 33127 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-0809780 Not Applicable Zip + Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SIMMONS, FRANCES 3125 N W 42ND STREET **MIAMI FL 33142** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change Addition NAME HAMILTON, THOMAS H. NAME STREET ADDRESS **3011 NW 171ST STREET** STREET ADDRESS CITY-ST-ZIP MIAMI FL 33055 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME DAVIS, S. T. NAME STREET ADDRESS 9111 LITTLE RIVER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITI F ☐ Delete TITLE Change ☐ Addition MINCY, CHARLIE M. NAME NAME STREET ADDRESS 20931 N.W. 34TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33055 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME PITTS, MINNETTE E NAME STREET ADDRESS 3720 S.W. 52ND AVENUE #107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK FL 33023 TITLE ☐ Delete TITLE Change ☐ Addition NAME **NELSON, RONALD** NAME STREET ADDRESS P. O. BOX 552330 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33055 ☐ Change TITLE ☐ Delete TITLE ☐ Addition SIMMONS, FRANCES NAME NAME STREET ADDRESS 3125 N.W. 42ND STREET STREET ADDRESS CITY-ST-ZIP MIAM) FL 33142 CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: