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

AMENDED PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 NOV -5 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037248

1. Corporation Name
International Foam Solutions, Inc.

Principal Place of Business / Mailing Address
1885 S.W. 4th Ave.E-3
Delray Beach, FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/21/93

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0412538	☐ Applied For ☐ Not Applicable
21 1885 S.W. 4th Ave.	26 1885 S.W. 4th Ave		
Suite, Apt. #, etc. 22 E-3	Suite, Apt. #, etc. 27 E-3	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Delray Beach, FL	City & State 28 Delray Beach Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33444 Country 25 U.S.A.	Zip 29 33444 Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Claudia Iovino
1885 S.W. 4th Ave. E-3
Delray Beach, FL 33444

10. Name and Address of New Registered Agent

81 Name: STEVEN SERLE, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2101 CORPORATE BLVD. NW
83: SUITE 325
84 City: BOCA RATON, FL 33431 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: Steven Serle 8/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition Robert Kaufman, Pres/Dir. 1885 S.W. 4th Ave., E-3 Delray Beach, FL 33444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Harvey Katz VP/Dir. 50 East Rd. #7E Delray Beach, FL 33483
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Claudia Iovino VP/Dir 6364 Amberwoods Dr. Boca Raton, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002684876--6 -11/10/98--01085--017 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 11-9-98

CR2E034 (10/97)

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.

SIGNATURE: _____ 8/27/98 561 272-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Kaufman