2001 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2001 8:00 am DOCUMENT # P99000100933 1. Entity Name Secretary of State SPHERE FOODS, INC. 02-13-2001 90599 002 ***150.00 Principal Place of Business Mailing Address 2600 DOUGLAS RD 2600 DOUGLAS RD A0022799 STE 607 STE 607 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 329 PALERMO AVE 61.00 3. Mailing Address 329 PALERMO AVE 77110 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 110 110 City & State City & State 4. FEI Number Applied For CORAL GABLES CORAL GABLES Not Applicable 65-0971989 Country Zip 33134 \$8.75 Additional ^{Zip} 33134 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IBRAHIM, QDALYS M P.A. Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE RD STE 440 US MIAMI, FL 33126 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME JERRY SMITH NAME STREET ADDRESS STREET ADDRESS 443 PAROCO AVE L 33146 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME JOHN D. FERREIRO STREET ADDRESS STREET ADDRESS 2545 S. BAYSHORE DR. CITY-ST-ZIP CITY-ST-ZIP JITLE Change ☐.Delete. TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change • TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME APAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (11/00