2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$39656 Apr 07, 2000 8:00 am Secretary of State 1606 PENNSYLVANIA AVENUE, INC. 04-07-2000 90033 020 ***150.00 Principal Place of Business Mailing Address C/O LUNDY & SHACTER, P.A. P. O. BOX 1451 9655 W BROWARD BLVD MIAMI BEACH FL 33119 **PLANTATION FL 33324-2321** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-9687538 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- -6. Name and Address of Current Registered Agent Name EINHORN, SHALOM Street Address (P.O. Box Number is Not Acceptable) 1606 PENNSYLVANIA AVE. STE. #2 MIAMI BEACH FL 33139 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) 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME EINHORN, CILA NAME STREET ADDRESS 137 PRINZREGENTER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MUNICH, GERMANY ☐ Change ☐ Addition □ Defete TITLE. EINHORN, SHALOM NAME NAME STREET ADDRESS STREET ADDRESS 1606 PENNSYLVANIA AV #2 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR