2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am § Secretary of State DOCUMENT # N51463 1. Entity Name 04-30-2001 90008 027 ****70.00 DADEFUND, INC. Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. **SUITE 2780 SUITE 2780** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SOS 505 City & State Applied For City & State 4. FEI Number 65-0366144 Not Applicable , Zip Zip, Country Country \$8.75 Additional 5. Certificate of Status Desired - --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHACK, RUTH **SUITE 2780** 200 BISCAYNE BLVD. City Zip Code MIAMI FL 33131-2343 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition D ☐ Delete TITLE Change TITLE PRIO. MARIA ELENA NAME NAME Prio. Maria Elena STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 200 South Biscayne Boulevard, Suite 505 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 MIAMI FL Change Change Addition TITI F ☐ Delete TITLE Gouraige Jr., Ghislain NAME GHISLAIN, GOURAIGE J 200 South Biscayne Boulevard, Suite 505 701-BRICKETT-AVE STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE Hudson, Sherill NAME HUDSON, SHERILL NAME 200 South Biscayne Boulevard, Suite 505 STREET ADDRESS 200 SOUTH BISCAYNE BLVD, STE 2780 STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TH Change TITI F Delete TITLE DP ☐ Addition Shack, Ruth NAME SHACK, RUTH NAME 200 South Biscayne Boulevard, Suite 505 STREET ADDRESS STREET ADDRESS 200 S. BISCAYNE BLVD. Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE Delete Farquhar, Carol NAME FARQUHAR, CAROL A NAME 1031 West Rhan Road STREET ADDRESS STREET ADDRESS 1031 WEST RHAN ROAD Dayton, OH 45429 CITY-ST-ZIP CITY-ST-ZIP DAYTON OH Delete TITLE ☐ Change ☐ Addition TITLE NAME MCKENNA, MARY NAME STREET ADDRESS STREET ADDRESS 312 PINE STREET CITY-ST-ZIP CITY-ST-ZIP ORANGE TE

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 liketempowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR