6278 NORTH F	ncipal Place of Business: EDERAL HIGHWAY, # 613 RDALE, FL 33308			
Current Mai	ling Address:			
	H FEDERAL HIGHWAY, #613 DERDALE, FL 33308			
FEI Number: 47-3381565 Certificate of St			Certificate of Status Desired	I: No
Name and A	Address of Current Registered Agent:			
	RBERT EDERAL HIGHWAY, #613 RDALE, FL 33308 US			
6278 NORTH F FORT LAUDER	EDERAL HIGHWAY, #613	stered office or regis	tered agent, or both, in the State of Florida.	
6278 NORTH F FORT LAUDER The above name	EDERAL HIGHWAY, #613 DALE, FL 33308 US	stered office or regis	0	8/11/2016
6278 NORTH F FORT LAUDER The above name	EDERAL HIGHWAY, #613 DALE, FL 33308 US d entity submits this statement for the purpose of changing its regis	stered office or regis	0	8/11/2016 Date
6278 NORTH F FORT LAUDER The above name	EDERAL HIGHWAY, #613 EDALE, FL 33308 US d entity submits this statement for the purpose of changing its regis E: NORBERT CSIKANY Electronic Signature of Registered Agent	stered office or regis	0	
6278 NORTH F FORT LAUDER The above name SIGNATURE	EDERAL HIGHWAY, #613 EDALE, FL 33308 US d entity submits this statement for the purpose of changing its regis E: NORBERT CSIKANY Electronic Signature of Registered Agent	stered office or regis	0	
6278 NORTH F FORT LAUDER The above name SIGNATURE Officer/Dire	EDERAL HIGHWAY, #613 DALE, FL 33308 US d entity submits this statement for the purpose of changing its regis E: NORBERT CSIKANY Electronic Signature of Registered Agent Ctor Detail :		03	
6278 NORTH F FORT LAUDER The above name SIGNATURE Officer/Dire Title	EDERAL HIGHWAY, #613 EDALE, FL 33308 US d entity submits this statement for the purpose of changing its regis E: NORBERT CSIKANY Electronic Signature of Registered Agent Ctor Detail : DPVS	Title	т	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. ATTILA T. KUTAS

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PSA INTERNATIONAL CO.

DOCUMENT# P15000023360

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FILED Mar 11, 2016 Secretary of State CC9840717424

03/11/2016

Date