FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 17, 2000 8:00 am Secretary of State **DOCUMENT # 171284** 1. Entity Name AYR CORP 05-17-2000 90934 022 ***150.00 Principal Place of Business Mailing Address NATIONSBANKTOWER SUITE 2370 NATIONSBANK TOWER SUITE 2370 RNGBEUUD 100 SE 2 ST 100 SE 2 STREET MIAMI FL 33131-2100 MIAMI FL 33131-2145 3. Mailing Address 2. Principal Place of Business 100 SE 2 ST 100 SE 2 ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 2370 **SUITE 2370** Applied For 4. FEI Number City & State City & State 59-6058086 MIAMI, FL Not Applicable MIAMI, FL Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>33131-2145</u> 33131-2145 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICKARD, BARBARA A Street Address (P.O. Box Number is Not Acceptable) NATIONSBANKTOWER SUITE 2370 100 SE 2 ST 100 SE 2 ST **SUITE 2370** MIAMI FL 33131 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. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PTDM ☐ Delete TITLE RICKARD, BARBARA A NAME NAME 100 SE 2 STREET, SUITE 2370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P MIAMI FL VD Change Addition TITLE X Delete TITLE HEMMINGS, ARTHUR I NAME NAME 2582 S E 7 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL ☐ Addition ☐ Change X Delete TITLE TITLE BARR, SAMUEL L JR. NAME 10 MARBELLA CT HAMMOCK DUNES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL CITY-ST-ZIP ☐ Change ☐ Addition X Delete TITLE REICHARDT, FRANCES C NAME 15 NE 131ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33161** CITY-ST-ZIP V/D ☐ Delete TITLE Change X Addition TITLE NAME POST, THOMAS R. NAME STREET ADDRESS STREET ADDRESS 901 NE 2 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33132 Change X Addition ☐ Delete TITLE TITLE HOUGHTON, PETER E. NAME NAME 6520 SW 104 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156

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: A

BARBARA A. RICKARD

04/28/2000

(305) 373-1386

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