FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT. May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham annual report Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)191670 CHARLINKU, INC. Principal Place of Business Mailing Address 1965 S.W. 50TH AVE. 1955 S.W. 50TH AVE. FT. LAUDERDALE FL 33317 FT. LAUDERDALE FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1956 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-6075993 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name SCHWAB, MICHAEL H 1955 S.W. 50TH AVE. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33317 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or protect non-e-of-registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PARTNERS TITLE 1,1 TITLE AGENT & GEN. MGR. MICHAEL, ISIDOR NAME 1.2 NAME SCHWAB, MICHAEL 3400 S. OCEAN BLVD. #3F STREET ADDRESS 1.3 STREET ADDRESS 1955 SW. 50 AVENUE PALM BEACH FL FT LAUDERDALE FL 33317 Change CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE TITLE Change Addition 3.1 HILE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THLE Change Addition MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

14. Thereby certify that the information supplied with this filing indicated on this annual report or supplemental annual conflicer or director of the corporation of the receiver of this Block 12 or Block 13 if changes for grant all granges with the supplied of the corporation of the receiver of this block 12 or Block 13 if changes for grant all grants are supplied to the corporation of the

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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an hipported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in