FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 337140** 1. Entity Name ROYALL LEASING COMPANY 01-18-2000 90159 026 ***150.00 Mailing Address Principal Place of Business 1441 BARAÇOA AVENUE 2701 S BAYSHORE DR U 0004925 FIFTH FLOOR C/O MIDDLETON MIAMI FL 33123 CORAL GABLES FL 33146-1907 2. Principal Place of Business 3. Mailing Address BARACOR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1226422 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ነነ ዣ ե Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIDDELTHON JR, WILLIAM ROYALL Street Address PO Box Number is Not Acceptable) 2701 S BAYSHORE DRIVE FIFTH-FLOOR **MIAMI FL-33133** this statement for the purpose of changino its registered off oth, in the State of Florida. 8. The above SIGNATURE DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD Change ☐ Addition ☐ Delete TITLE MIDDELTHON, WM ROYALL JR NAME 1441 BARACOA AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33146 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE [] Change [] Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 a pother like enpowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)