2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # 337830 1. Entity Name BROWARD INVESTMENT CORPORATION 03-22-2000 90080 031 ***150.00 Principal Place of Business .. Mailing Address 2221 NORTH OCEAN BLVD. 2221 NORTH OCEAN BLVD. FT. LAUDERDALE FL 33305-1917 FT. LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1231747 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEPIN, DENIS Street Address (P.O. Box Number is Not Acceptable) 2231 N OCEAN BLVD FORT LAUDERDALE FL 33305 Zip Code City F١ 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition Delete TITLE **BUN LUK KHUONG** NAME STREET ADDRESS STREET ADDRESS 2221 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL ☐ Addition Change Delete TITLE TITLE WNG, CHHUN SAN NAME NAME STREET ADDRESS STREET ADDRESS 2231 N OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Addition ☐ Change TITLE Delete KHUONG, HONG SIEN NAME STREET ADDRESS 2221 N OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-20-2000