2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 542676** 1. Entity Name OCEANUS LTD. OF FLORIDA. INC. 01-20-2000 90121 040 ***150.00 Principal Place of Business Mailing Address 12461 NW 3 STREET 12461 NW 3 STREET 605111 PLANTATION FL 33325-2341 PLANTATION FL 33325 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1786053 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTOPHER, GARAFOLA Street Address (P.O. Box Number is Not Acceptable) 12461 N.W. 3RD. ST. C-2 PLANTATION FL 33325 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. PDST TITLE Delete TITLE GARAFOLA, CHRISTOPHER NAME NAME STREET ADDRESS 12461 N.W. 3RD ST. C-2 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-7IP ☐ Delete TITLE TITLE NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE T⊒ 'Delête NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS TIREET ANDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS Annerge CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS 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 all other like empowered.

GIGNATURE

1/12/2000

954-452-4982

Caytime Phone #