FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 673714 (2)PACIFIER INDUSTRIES, INC. Principal Place of Business Mailing Address 13899 BISCAYNE BOULEVARD 13899 BISCAYNE BOULEVARD **SUITE 123** SUITE 123 MIAMI FL 33181 MIAMI FL 33181 3. Date Incorporated or Qualified 3a. Date of Last Report US 06/09/1980 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2015602 Not Applicable 50ml Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEONARD G. BIERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 13899 BISCAYNE BOULEVARD 83 SUITE 123 **MIAMI FL 33181** City Zip Code 85 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE DATE Signature, typical or printed name of regularise agost and stallings as an a (N° 1) E. Reviets and Agent Signature required when remaining.) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THLE DPS 1.1 THE Change Addition NAME BIERMAN, LEONARD 1.2 NAM6 13899 BISCAYNE BLVD., SUITE 123 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 OITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE □ DELETE 3 1 TITLE Change Additio NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4 CI*Y - S* - Z-P TITLE DEL ETE 4 1 11 LE Change ☐ Additio NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C+TY - ST - ZIP DELETE TITLE 5 1 TITLE Change Add tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELFTE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHTY - ST- 7IP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 of director of the corporation of thy record, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

appears in Block 12 or B

OFFICER OR DIRECTOR Bisems

(12/