~2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **683786** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name RICHELIEU TOWERS(TAFT), INC. 04-26-2000 90065 005 ***150.00 Principal Place of Business Mailing Address C/O SILVER & WALDMAN, P.A. C/O SILVER & WALDMAN, P.A. 800 BRICKELL AVENUE, STE. 902 800 BRICKELL AVENUE, STE. 902 MIAMI FL 33131-2966 MIAMI FL 33131 2. Principal Place of Business MEVICODE 3. Mailing Address LF OF MEXICO DE Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number BBOAT. K 59-2041555 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVER, PATRICIA M 800 BRICKELL AVENUE, STE. 902 **MIAMI FL 33131** 8. The above named antity submits this statement for the purpose of changing its registered office or reg SIGNATURE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Change ☐ Addition TITLE ☐ Delete CHASSON, MARTIN NAME NAME ZST. CLAIR AVE WEST # 900 TORONTO, ONT. CANASA MYVILS STREET ADDRESS STREET ADDRESS 2 ST. CLAIR AVE, W. 3900, TORONTO, ONTARIO CITY-ST-ZIP CITY-ST-ZIP CANADA M4V IL5 Delete ☐ Change TITLE SILVER, PATRICIA M NAME STREET ADDRESS STREET ADDRESS 800 BRICKELL AVE. #902 CITY-ST-7/P CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 of 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 22 is changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR