2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am Secretary of State **DOCUMENT # 836715** INTERNATION INVESTMENT CORPORATION 03-24-2000 90063 049 ***150.00 Mailing Address Principal Place of Business P O BOX 11597 2901 MIDDLE RIVER DR FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33339-1597 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1795082 Not Applicable Country ---- Country -- - ----\$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOMBROWE, MARY ANN Street Address (P.O. Box Number is Not Acceptable) 2901 MIDDLE RIVER DR FT. LAUDERDALE FL 33306 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILÉ 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change TITLE Delete JENNIFER DOMBROWE 2901 MIDDLE RIVER DR. DOMBROWE, MARY ANN NAME NAME STREET ADDRESS 2901 MIDDLE RIVER DR STREET ADDRESS T. LAUDERDALE, Fl. 33306 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 P/D Dombrowe Mary ANN 2901 Middle River Dr. ET. LAUDER DALE, Fl. 33306. Change Addition ☐ De'ete TITLE TITLE DOMBROWE, MARY ANN NAME 2901 MIDDLE RIVER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33306 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE DOMBROWE, MARY ANN NAME STREET ADDRESS STREET ADDRESS 2901 MIDDLE RIVER DR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME

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 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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP