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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 03, 2003 8:00 am Secretary of State F01000002614 DOCUMENT # 03-03-2003 90952 004 ***158.75 1. Entity Name FLOWARE WIRELESS SYSTEMS INC. FLOWARE WIRELESS SUSTELLS I Principal Place of Business Mailing Address 7491 W.OAKLAND PARK BLVD. 7491 W.OAKLAND PARK BLVD. SUITE 304 SUITE 304 LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address apare above Same as <u>Same as</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPAMERICA, INC. Street Address (P.O. Box Number is Not Acceptable) 416 S.E. 15 STREET FORT LAUDERDALE FL 33316 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. CR2E034 (10/02) GH Change Addition TITLE ☐ Delete TITLE same NIJAMKIN, CLAUDIO NAME NAME 7491 W. OAKLAND PARK BLYD. #304 28 HACHROSHET ST. STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 YEHUDA 60250, ISRAEL CITY-ST-ZIP CiTY-ST-ZIP CEO Change **Addition** TITLE TITLE 🔀 Delete ZVI SLOWILLSKY 21A HABARZEL STREET YACOBY, AMNON NAME NAME STREET ADDRESS STREET ADDRESS 28-HACHROSHET-ST. TEL AVIV, ISRAEL CITY-ST-7IP CITY-ST-ZIP YEHUDA 60250: ISRAEL Change PRESIDEUT Addition TITLE Delete TZVIKA FRIEDHAN NAME NAME 21A HABARZEL STREET STREET ADDRESS STREET ADDRESS TEL-AULY ISRAEL-69710 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Detete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address

ith all other like empowered.