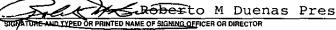
2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am **DOCUMENT # F24971 Secretary of State** 1. Entity Name . . MONEL, INC. 01-29-2001 90028 014 ***150.00 Principal Place of Business Mailing Address 2770 NW 24TH STREET 2770 NW 24TH STREET MIAMI FL 33142-7088 MIAMI FL 33142-7088 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2099840 Not Applicable Zip Country Zip Country \$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 DOBIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 4555 ADAMS AVENUE MIAMI BEACH FL 33140 City 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550:00-Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete Addition Change TITLE TITLE DUENAS, ROBERTO M. NAME NAME 2770 NW 24TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33142 SD Change ☐ Addition ☐ Delete TITLE TITLE DOBIN, DAVID M. NAME NAME STREET ADDRESS 4555 ADAMS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33140 AS TITLE TITLE Change ☐ Addition ☐ Delete GOODIN, MONICA J. NAME NAME 2770 NW 24TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33142 TITLE ☐ Delete TITLE Change ☐ Addition WALSKY, ROBERT P NAME 2770 NW 24 STR STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE:



01/10/0805-635-7331