FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 08, 2000 8:00 am Secretary of State **DOCUMENT # F46974** 1. Entity Name CAAB, INC. 06-08-2000 90003 022 ***150.00 Principal Place of Business Mailing Address 1500-NW-62ND-6T.: 6TE 102 -1500 NW 62ND ST., STE 100 FT LAUDERDALE FL 30000 1848 FT-LAUDERDALE FL 00000 3. Mailing Address 2. Principal Place of Business 255 COMMERCIA 255 Commercial Blvd., Suite, Apt. #, etc. 200 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2131290 Lauderdale By The Sea LAUDERDALE BY THE SEA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 333 B8 BROWDER Fee Required 33308-4419 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Miguel San Miguel -CROCQUET, MARC Street Address (P.O. Box Number is Not Acceptable) 1500 NW 62ND ST., STE-102-255 Commercial Blvd. FT LAUDERDALE FL 33309 200 Suite Lauderdale-By The Sea. 3308-4<u>41</u>9 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 (NOTE: Registered Agent eignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable __FILE NOW!!! FEE IS \$150.00 _ .9. This corporation is eligible to satisfy its Intangible 10- Election Campsign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change Delete TIBE **BOUTAREL, ANDRE** NAME NAME 255 Commercial Blvd., Suite 200 STREET ADDRESS 1500 NW 62ND ST., STE 102 STREET ADDRESS Lauderdale By The Sea, 33308-4419 CITY-ST-ZIP CHY-SY-ZIP FT LAUDERDALE FL 33300 Change 200 ☐ Delete TITLE TITLE 255 Commercial Blvd., Suite CAVENG, PHILIPPE NAME Lauderdale By The Sea, \mathbf{FL} 33308-4419 STREET ADDRESS 3181 N FEDERAL HWY, OTH FL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -FT-lauderdale fl-33306 ☐ Change . ☐ Addition TITLE Delete DOF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 affect 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 impowered.

SIGNATURE: .

SIGNATURE AND TYPED OR