FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # F9700001132 05-15-2001 90082 028 ***150.00 ACER PETROLEUM CORPORATION Principal Place of Business Mailing Address 2455 E. SUNRISE BLVD. 2455 E. SUNRISE BLVD. STE. 300 STE. 300 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 75-2588702 Not Applicable \$8.75 Additional Zip Country Zip 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_ BERGER, DELVI Street Address (P.O. Box Number is Not Acceptable) 2501 DEL MAR PLACE FT. LAUDERDALE FL 33301 Zip Code City FI 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 signature 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change PTD ☐ Delete TITLE NAME BERGER, DELVI NAME STREET ADDRESS STREET ADDRESS 2501 DEL MAR PL. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Addition ☐ Defete TITLE TITLE BERGER, ALEXANDRE C NAME NAME STREET ADDRESS 2501 DEL MAR PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 Addition Change ☐ Delete TITLE NAME BERGER, IARA NAME STREET ADDRESS STREET ADDRESS 2501 DEL MAR PL. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 supplied ental 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 true ental report is 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. If all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

04/27/01

954-36/- 1900 Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition