2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 08, 2000 8:00 am Secretary of State DOCUMENT # **F99000005600** W.A.F.A. INVESTMENT CORPORATION 05-08-2000 90031 034 ***150.00 Principal Place of Business Mailing Address 721 S.E. 17TH STREET STE. 200 721 S.E. 17TH STREET STE. 200 FORT LAUDERDALE FL 33316-2927 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0951639 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMOTHE, FERNAND ---Street Address (P.O. Box Number is Not Acceptable) 721 S.E. 17TH STREET STE. 200 FORT LAUDERDALE FL 33316 Zip Code FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ABOUR LOUATA ABBELL J. ☐ Addition ☐ Delete TITLE TITLE ABQUELQUAFA, ABDEL J NAME STREET ADDRESS 9, ALBERT DUMOUCHEL, BLAINVILLE STREET ADDRESS FORTLAUDER DAUE, FL. 333 16 CITY-ST-ZIP CITY-ST-ZIP QUEBEC J7C 4K9 ☐ 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 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.

Daytime Phone #