FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2002 8:00 am DOCUMENT # G22966 Secretary of State 1. Entity Name 03-24-2002 90086 033 ***150.00 P&KINC. Principal Place of Business Mailing Address 168 SE 1ST ST 168 SE 1ST ST 12 FLOOR 12 FLOOR MIAM! FL 33131 MIAMI FL 33131 3. Mailing Address 100 SE 1st street 2. Principal Place of Business 100 SE 1st street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sunte #21 Suite #21 Applied For City & State City & State 4. FEI Number 59-2263600 Miami Fl Not Applicable Miami Country Zip **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required J.S.A. 33131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PFEFFER, JOSE S Street Address (P.O. Box Number is Not Acceptable) 100 SE FIRST STREET **MIAMI FL 33131** 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. 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, 2002 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. CR2E034 (9/01) ☐ Delete TITLE TITLE PFEFFER, JOSE NAME 100 SE 1st street #21 STREET ADDRESS 168 SE 1ST ST 12 FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM FL 33131 HIAMI FL X Change Addition ☐ Delete TITLE TITLE VΡ teresa pfeffer NAME NAME PFEFFER, TERESA STREET ADDRESS 100 SE 1st street #71 STREET ADDRESS 168 SE 1ST ST 12 FLOOR CITY-ST-ZIP Higni 17 33131 CITY-ST-ZIP MIAMI FL 33131 M Addition ☐ Change ☐ Delete TITLE TITLE ERIC PFEFFER NAME NAME -100 SE IST Street #21 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAHI FL 33131 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. TELESA PREFFER 3

R.PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED