2000 UNIFORM BUSINE'SS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # H30881** 1. Entity Name REKERLE INVESTMENTS, INC. 03-22-2000 90069 050 ***150.00 Principal Place of Business Mailing Address % HAROLD CHOPP % HAROLD CHOPP 200 SO, BISCAYNE BLVD, STE, 4950 200 SO, BISCAYNE BLVD, STE, 4950 TACY5An7 MIAMI|FL 33131-2303 MIAMI FL 33137-3216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Citý & State 4. FEI Number Applied For 59-2472760 Not Applicable Zip Zip] Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOPP, HAROLD Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD **SUITE 4950** MIAMI FL 33131 City 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME REYLER, DORA D. NAME STREET ADDRESS STREET ADDRESS 4950 200 S BISCAYNE BLVD Don D. Reger CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE REYLER, DORA D NAME NAME STREET ADDRESS STREET ADDRESS 4950 200 S BISCAYNE BLVD CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE □ Delete KERBEL-FANNY-A- -- --NAME NAME -STREET ADDRESS 4950 200 S BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE LICHTER, MAYRA, R NAME NAME 4950 200 S BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete 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 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. Down D. Rayley PRESONENT SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #