2001 Unif**orm Business Re**port (UBR) DOC⊎MENT# May 07, 2001 8:00 am Secretary of State Excel Group Int'l., Inc. 05-07-2001 90006 013 ***150.00 (Mailing Address Sawe) Principal Place of Business 2070 Bethel Blod. Boza Raton, FL 33486 00046319 2. Principal Place of Business 3. Mailing Address 2070 Bethel Blud. 2070 Betrel Blod. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEL Number 2736288 City & State Boza Raton, The Boxa haton, R. Applied For Not Applicable Country \$8.75 Additional 33 486 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gregory C. Schmidt 2010 Bethel Bltl. Street Address (P.O. Box Number is Not Acceptable) Boza Raton, FL 33486 Zip Code 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. Gregory C. Schmidt) FILE NOW!!! FEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. 12. Pres. | Sec. | Director, Director) Addition TITLE TITLE ☐ Delete Thomas J. Rorke 2509 NE 21st St. Gregory C. Schmidt NAME 2070 Bethel Blod. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Laud., FL 33305 CITY-ST-ZIP Bora Raton, RI ☐ Change TITLE Delete , TITLE marcan NAME TO GOO a CORRECTOR 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-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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. 561 362-9075 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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