FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE May 29 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS . 1997 DOCUMENT # J 25262 (3)WEST END TRADING CORP. Principal Place of Business Mailing Address 1600 N. Dcean Blvd P.O.BOX 490410 Apt. 912 Ft. Leuderdale , FL 33349-0410 POMPAND BEACH FL 33062 Date Incorporated or Qualified 7/22/1986 3a. Date of Last Report 5/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-23 16032 26 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8,75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes XNo 24 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name CRANMER R. BRUCE Street Address (P.O. Box Number is Not Acceptable) 1401 University Dr. 83 Ste 302 CORAL SPRINGS FL 33071 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered ageorated into 11 approached (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 111116 ☐ Change Addition DP NAME 1.2 NAME JAGR DENNIS STREET ADDRESS 1.3 STREET ADDRESS 1600 N. Ocean Blvd Apt. 912 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP POMPANO BEACH FL 33062 DELETE Change L Addition TITLE 217016 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY-\$1-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-7IP DELETE 41 TiTLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change ✓ Addition DELETE TITLE 1.7016 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 4 City - S1 - ZIP DELETE Change Addition TITLE Itt **400002204844** -06/06/97-01117--021 NAME STREET ADDRESS ***165.00 Section 19.07(3)(i), Fiorida Statutes. I further certify that the signature shall have the same logal effect as if made under oath; that Aquired by Chapto 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this filting does not qualify for the examplion information indicated on this annual report or supplemental annual report is true and accurate all am an officer or director of the corporation or the receiver or trustee empowered to execute his appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

954-281-4906