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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38675

1. Corporation Name
Nomen DeFerre Limited, Inc.

Principal Place of Business
1520 S. Highway 17-92
Longwood, FL. 32750

Mailing Address
1015 Semoran Blvd
Ste 1140
Casselberry, FL
32707

3. Date Incorporated or Qualified: 10/21/86	3a. Date of Last Report: 8/13/86
4. FEI Number: 59-2754121	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business
21 1520 S. Hwy 17-92 Longwood 32750
22 Suite, Apt. #, etc.
23 City & State: Longwood FL.
24 Zip: 32750 25 Country: USA

2a. Mailing Address
26 1015 Semoran Blvd Casselberry 32707
27 Suite, Apt. #, etc.: # 1140
28 City & State: Casselberry, FL
29 Zip: 32707 30 Country: USA

9. Name and Address of Current Registered Agent
Ronald M. Lopez
998 Josiane Court
Suite 1061
Altamonte Springs, FL. 32701

10. Name and Address of New Registered Agent
81 Name: James J. Kyker
82 Street Address (P.O. Box Number is Not Acceptable): 1015 Semoran Blvd # 1140
83
84 City: Casselberry FL 85 Zip Code: 32707

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: James J. Kyker 2-17-97 James J. Kyker Registered Agent 2-17-97
(Signature of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ronald M. Lopez 998 Josiane Court # 1061 Altamonte Springs, FL. 32701 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President James J. Kyker 1015 Semoran Blvd #1140 Casselberry, FL. 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald M. Lopez 998 Josiane Court # 1061 Altamonte Springs, FL 32701 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary/Treasurer James J. Kyker 1015 Semoran Blvd # 1140 Casselberry, FL 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 3.3.97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002104432 -03/05/97--01003--015 ***173.75

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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James J. Kyker James J. Kyker President 8/17/97 (407) 332-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #