FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J82928 (9) Corporation Name FALLS KIDS, INC. Principal Place of Business Mailing Address 14303 S DIXIE HWY 900 PARK CENTRE #444 MIAMI FL 33176 MIAMI FL 33169 3. Date Incorporated or Qualified 3a. Date of Last Report 07/16/1987 04/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 14241 S-DIXIE 26 59-2833899 Not Applicable Šuite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALEM, ERIC B2 Street Address (P.O. Box Number is Not Acceptable) 14241 SOUTH DIXIE HIGHWAY MIAMI FL 33158 83 City 84 85 ∠io 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEF DELETE 1 1 TITLE ☐ Change ☐ Addition SALEM, ERIC E. NAME 1.2 NAME CR2E034 13505 SW 104 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP THEF DELETE 2 1 TITLE ☐ Change Addition SALEM, FLORENCE NAME 22 NAME STREET ADDRESS 13505 SW 104 TERRACE 2 3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP THILE DELETE 3. 1 TITLE Change ddition NAME SALEM, DAVID 3.2 NAME STREET ADDRESS 7731 CENTER BAY DR 3.3. STREET ADDRESS N. BAY VILLAGE FL CITY - ST - ZIP 3.4 CITY-ST-ZIP TILLE DELETE 4 1 THILE Change Addition SALEM, ROBERT MEYER NAME sklem , robbert meyer 4.2 NAME 13505 SW 104 TERRACE STREET ADDRESS 4.3 STREET ADDRESS SKME MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5. 1 TITLE Change Addition SALEM, VICTORIA NAME 5.2 NAME 7731 CENTER BAY DR STREET ADDRESS 5 3 STREET ADDRESS N. BAY VILLAGE FL CITY-ST ZIP 5.4 CITY-ST-ZIP THLE DELETE 6 1 THLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the coproration or the receiver of 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 changes, or on an effective of the control ERIC SALEM 4.24.96 3056210888 SIGNATURE: SIGNATURE AND TYPE