2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # K15811 1. Entity Name COSCAN WATERWAYS, INC. 05-05-2000 90031 017 ***150.00 Principal Place of Business Mailing Address 20803 BISCAYNE BLVD 20803 BISCAYNE BLVD. 103 103 AVENTURA FL 33180-1429 **AVENTURA FL 33180** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0053485 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, LEON J ESQ Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREE MIAMI FL 33131-2130 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE PIAZZA, ALBERT NAME STREET ADDRESS 20803 BISCAYNE BLVD. SUITE 103 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **AVENTURA FL 33180** VSD ☐ Change Addition ☐ Delete TITLE TITLE **BURRIS, DAVID** NAME NAME STREET ADDRESS 20803 BISCAYNE BLVD. SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change Addition TITLE TITLE ☐ Delete HALL, CHARLES B JR NAME STREET ADDRESS 20803 BISCAYNE BLVD. SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** Addition ☐ Change TITLE ☐ Delete TITLE CABALLERO, ILEANA NAME NAME 20803 BISCAYNE BLVD, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** Addition ☐ Change TITLE ASAV ☐ Delete TITLE TACHER, ROBERTA NAME NAME 20803 BISCAYNE BLVD, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **NESBITT, PETER** NAME NAME 181 BAY STREET, SUITE 4300 STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

TORONTO, ONTARIO, CANADA MD-J2T3

City-St-7IP

US

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR