| DOCU<br>1. Entity Nar<br>J.R.P. S  | -   | • •  |   | FILED<br>Jan 09, 2001 8:<br>Secretary of S   |  |                                     |                          |   |                                    |  |                 |
|--|---|--|---|--|--|-------------------------------------|--------------------------|---|------------------------------------|--|-----------------|
| Principal Place of Business  Mailing Address  550 NW. 27 AVENUE  FORT LAUDERDALE FL 33311  US  Mailing Address  P. O. BOX 8345  FT. LAUDERDALE FL 333  US  |   |  |   |  |  |                                     |                          | -2001 9005  |                                    |  |                 |
| 2. Principal F<br>4700<br>Suite, Apt   | Place of Business PROSPC #, etc.  | ct Rd.   | 3 Mailing Address P o Box 8345  Suite, Apt. #, etc.   |  |  | DO NOT WRITE IN THIS SPACE          |                          |   |                                    |  |                 |
| City & Sta   | Land.   | fla.   | Pity & State  Florida   |  | /  | 4. FEI                              | Number NOT A             | PPLICABLE   | _ N                                | pplied For ot Applicable                         |                 |
| <sup>Zip</sup><br>3 <u>う</u> ろ   | <u> </u>  | LOWARD   | Zip<br><u>ろろう1o</u><br>ggistered Agent  | Count<br>BR  | oward.   |                                     | ificate of Status Desir  |   | \$8.75 Ad<br>Fee Require<br>Agent  | ed   |                 |
| LEONARD, WILLIAM ROBERT ESQ. 633 S ANDREWS AVE   |   |  |   |  | Name<br>Street Address   | (P.O. Box Number is Not Acceptable) |                          |   |                                    |  |                 |
| STE<br>FOR   | 402<br>T Lauderdale F   | E 33301  |   | City   |  |                                     | FL                       | Zip Coo   | de                                 |  |                 |
| SIGNATURE  9. This corporate Tax filing  |   | iname of registered agent and<br>satisfy its Intangible  | ititle if applicable. (NOTE  FILE NOW!  After MAY 1, 20  Make Check Payab   | E: Registered  | I Agent signature require IS \$150.00 will be \$550.00   | d when reinsta                      |                          | DATE<br>n Financing   |                                    | OO May Be d to Fees                              | <u> </u>        |
| 11.  | · · · · · · · · · · · · · · · · · · ·   | OFFICERS AND D   | <u> </u>  |  |  |                                     |                          |   |                                    |  |                 |
| TITLE  | I DNG   | OI HOLHO AND DI  |   | 12,  |  | ADDIT                               | IONS/CHANGES TO          | OFFICERS AN   |                                    |  | í               |
| NAME<br>Street address<br>City-St-Zip  | PDS<br>PASSITORE, JO<br>1817 S.W. 24 TI<br>FT. LAUDERDAL  | SEPH R.<br>ERR.  | RECTORS  Delete   | TITLE<br>NAME<br>STREE   |  | ADDIT                               | IONS/CHANGES TO          | OFFICERS AN   | D DIRECTOF<br>☐ Change             | RS IN 11   | E034 (10/00)    |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | PASSITORE, JO   | SEPH R.<br>ERR.  |   | TITLE NAME STREE CITY- TITLE NAME  | ET AODRESS<br>ST-ZIP   | ADDIT                               | IONS/CHANGES TO          | OFFICERS ANI  |                                    |  | CR2E034 (10/00) |
| STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS   | PASSITORE, JO<br>1817 S.W. 24 Ti  | SEPH R.<br>ERR.  | ☐ Delete  | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE   | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP  | ADDIT                               | IONS/CHANGES TO          | OFFICERS ANI  | ☐ Change                           | Addition   | CR2E034         |
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| STREET ADDRESS   | PASSITORE, JO<br>1817 S.W. 24 Ti  | SEPH R.<br>ERR.  | ☐ Delete ☐ Delete ☐ Delete  | TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-   | ET ADDRESS ST-ZIP  | ADDIT                               | IONS/CHANGES TO          | OFFICERS ANI  | Change                             | ☐ Addition ☐ Addition ☐ Addition                 | CR2E034         |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PASSITORE, JO<br>1817 S.W. 24 Ti  | SEPH R.<br>ERR.  | Delete Delete Delete  | TITLE NAME STREE CITY- TITLE NAME STREE STREE   | ET ADDRESS ST-ZIP  | ADDIT                               | IONS/CHANGES TO          | OFFICERS ANI  | Change Change Change               | Addition  Addition  Addition                     | CR2E034         |
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