FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # K60465** 1. Entity Name VSI INTERNATIONAL INC. 05-03-2001 90940 036 ***150.00 Principal Place of Business Mailing Address 3451 EXECUTIVE WAY 3451 EXECUTIVE WAY MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0094182 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORLINSKY, MYRON Street Address (P.O. Box Number is Not Acceptable) 20145 NE 21ST CT. **SUITE 1600** NORTH MIAMI BEACH FL 33179 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Delete TITLE ☐ Change Addition TITI F ORLINSKY, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 3451 EXECUTIVE WAY CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL Delete TITLE ☐ Change ☐ Addition TITLE UPLINGER, DORIS NAME NAME STREET ADDRESS 3451 EXECUTIVE WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL CEOC---Change - · [-] Addition ☐ Defete TITLE TITLE: ORLINSKY, MYRON NAME NAME STREET ADDRESS 3451 EXECUTIVE WAY STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIRAMAR FL TITLE Delete TITLE ☐ Change Addition NAME ORLINSKY, MARC NAME 3451 EXECUTIVE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME 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:

CITY-ST-ZIP