FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 02, 2000 8:00 am Secretary of State **DOCUMENT # 1 44433** 1. Entity Name 05-02-2000 90016 027 ***150.00 W & A GROUP, INC. Mailing Address Principal Place of Business 3111 UNIVERSITYTO RIVE 3111 UNIVERSITY DRIVE 839051 SUITE 700 SUITE 700 CORAL SPGS FL 33065-5060 CORAL SPRINGS FL 33065 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 65-0173015 Not Applicable \$8.75 Additional Zip Country Ζĺρ 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 WITZEL, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 7459 NW 34 ST STE. 100 LAUDERHILL FL 33319 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible, 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change Addition DVS ☐ Delete TITLE TITLE NAME NAME WITZEL, ROBERT C. STREET ADDRESS STREET ADDRESS 7459 NW 34 ST CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL Change Addition ☐ Delete TITLE TITLE NAME SCHMIDT, JOANNE M. NAME STREET ADDRESS STREET ADDRESS 9451 NW 44 PLACE CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL - Change Addition ☐ Delete TITLE " TITLE NAME WITZEL, ROBERT C. NAME STREET ADDRESS 7459 NW 34 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 it 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

064-240-6670

Daytime Phone #