2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # L62106 1. Entity Name LOCKS AND WATERWAYS INTERNATIONAL, INC. 05-09-2000 90064 045 ***150.00 Mailing Address Principal Place of Business 8950 SW 56 ST 8950 SW 56 ST MIAMI FL 33165-6641 MIAMI FL 33165 D0047030 rincipal Place of Business Ko AD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0208287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3303 303 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCNEW, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 8950 SW 56 ST MIAMI FL 33165 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO Change ☐ Addition TITI F TITLE ☐ Delete LOPEZ, EUDORO NAME NAME STREET ADDRESS 9145 SW 72 AVE APT V-4 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP VSD Change ☐ Addition ☐ Delete TITLE TITLE MCNEW, JAMES R. NAME NAME 8950 SW 56 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

SIGNATURE: