FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88694 (9)

1. Corporation Name
WHITE UNLIMITED, INC.

Principal Place of Business: ~~2455 EAST SUNRISE BLVD. PENTHOUSE EAST FT. LAUDERDALE FL 33304~~

Mailing Address: ~~2455 EAST SUNRISE BLVD. PENTHOUSE EAST FT. LAUDERDALE FL 33304~~

3. Date Incorporated or Qualified: 07/24/1990
3a. Date of Last Report: 03/14/1995
4. FEI Number: 65-0215771 — Applied For / Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.: 2407 LAGUNA DR.
23 City & State: FT. LAUDERDALE, FL
24 Zip: 33316 25 Country: U.S.A.

2a. Mailing Address
26
27 Suite, Apt. #, etc.: PO BOX 6628
28 City & State: FT. LAUDERDALE FL
29 Zip: 33316 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FINK, EDWARD R.
~~2455 EAST SUNRISE BLVD.~~ → 2407 LAGUNA DR
~~PENTHOUSE EAST~~
~~FT. LAUDERDALE FL 33304~~ → FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	NOYAU, ALAIN	1.2 NAME	N/A
STREET ADDRESS	~~97133GUSTAVIA,ST.BARTHL.~~ P.O. BOX 675 ST. MAARTEN	1.3 STREET ADDRESS	P.O. BOX 675
CITY-ST-ZIP	FRENCH WEST INDIES	1.4 CITY-ST-ZIP	ST. MARTEN, F.W.I.
TITLE	S ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FINK, EDWARD R.	2.2 NAME	
STREET ADDRESS	~~PHE-2455 E. SUNRISE~~ P.O. BOX 6628	2.3 STREET ADDRESS	2407 LAGUNA DRIVE
CITY-ST-ZIP	~~FT LAUDERDALE FL~~ FT. LAUD. 33316	2.4 CITY-ST-ZIP	FT. LAUD. 33316
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001862125
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/14/96--01034--028
TITLE	☐ DELETE	6.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5/1/2

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward R. Fink — March 23 — (954) 524-6289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #