2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # M20255 INTERNATIONAL HOME TEXTILES, INC. 05-16-2001 90193 047 ***150.00 Principal Place of Business Mailing Address 14652 BISCAYNE BLVD. 19401 W. DIXIE HWY P.O. BOX 640764 P.O. BOX 640764 N. MIAMI FL 33181 MIAMI FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2572586 Applied For Not Applicable Zip Country 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 Name GROSFELD, SALO Street Address (P.O. Box Number is Not Acceptable) 14652 BISCAYNE BLVD. N. MIAMI FL 33181 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition TITLE GROSFELD, SALO NAME NAME 20641 N.E. 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL Change ☐ Addition Delete TITLE TITLE GROSFELD, JAIME NAME NAME 14652 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information s indicated on this report of supplement of the corporation or the leceiver or the Applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intal 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 trystee 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 attach I other like empowered.

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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