2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # M34532** 1. Entity Name R.V.L. CORP. 04-19-2000 90045 018 ***150.00 Mailing Address Principal Place of Business VECCHIO, JOSEPH, ESQUIRE 2929 E COMMERCIAL BLVD 2929 E COMMERCIAL BLVD. FT LAUDERDALE FL 33308-4214 : LAUDERDALE FL 33308 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 11-2812791 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VECCHIO, JOSEPH A. JR Street Address (P.O. Box Number is Not Acceptable) 2929 E COMMERCIAL BLVD PENTHOUSE A FT LAUDERDALE FL 33308 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 \$5.00 May Be Election Campaign Financing 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 11. 12 ☐ Change Addition TITLE ☐ Delete SCAROLA, LEONARD NAME STREET ADDRESS STREET ADDRESS 2929 E COMMERCIAL BLVD., PH A CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308-4312 Addition Change ☐ Delete TITLE DELLINO, VITO NAME MAME STREET ADDRESS 2929 E COMMERCIAL BLVD., PH A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308-4312 Change Addition ☐ Delete TITLE MONACO, ROBERT A. NAME NAME STREET ADDRESS STREET ADDRESS 2929 E COMMERCIAL BLVD., PH A CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308-4312 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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:

Daytime Phone #