FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2002 8:00 am DOCUMENT # M69361 **Secretary of State** 1. Entity Name 02-07-2002 90030 015 ***158.75 WORLD AUTO SALES, INC. Principal Place of Business Mailing Address 13622 66TH ST N 1506 WHISPER WIND LN DANTAGA LARGO FL 34641 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address ULMERTON 6425 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ARGO 59-2883999 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3377 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E. Weiner Richard WEINERT, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 745 HARBOR ISLAND 1506 Whisper WIND CLEARWATER BEACH FL 33767 Zip Code 34677 City OLDSMAR 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 Fiorida (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change NAME WEINERT, RICHARD E. NAME STREET ADDRESS 1506 WHISPER WIND LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR