FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N44329 (3)MACHE INC. Principal Place of Business Mailing Address P.O. BOX 6382 P.O. BOX 6382 3. Date Incorporated or Qualified FT. LAUDERDALE FL 33310 FT. LAUDERDALE FL 33310 07/17/1991 4. FEI Number Applied For 65-0263284 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ No 23 ☐ Yes 28 Zìp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUNOT, MORRIS Street Address (P.O. Box Number is Not Acceptable) #3537 N.W. 25 STREET 83 LAUDERDALE LAKES FL 33311 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BRUNOT, MORRIS NAME 1.2 NAME 3537 N.W. 25 ST. STREET ADDRESS 1.3 STREET ADDRESS LAUDERDALE LAKES FL 33311 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE PAUL, CAMEAU NAME 2.2 NAME 500 N.E. 139 STREET STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TILE DELETE 3.1 TITLE Change Addition LOUINIS, MIMOSA NAME 3.2 NAME 5950 N.W. 14TH PL STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL 33313 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE ___ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITEE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

REQUIRED

SIGNATURE:

FILED

1/16/98