FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORA HONS DOCUMENT # N9500000175 (8) R.S.D. ASSOCIATION OF S.E. FLORIDA INC. Principal Place of Business Mailing Address 10550 NW 21 STREET 10550 NW 21 STREET SUNRISE FL 33322 SUNRISE FL 33322 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 01/11/1995 2a. Mailing Address 4. FEI Number 26 Applied For 65-0550910 Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable 22 27 5. Certificate of Status Desired \$8.75 Additional City & State City & State Fee Required 23 6. Election Campaign Financing \$5.00 May Be Zip Trust Fund Contribution Added to Fees 24 Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 9. Name and Address of Current Registered Agent 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 81 Name ROACH, KEITH A 10550 NW 21 STREET Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 84 City 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 familiar with, and accept the obligations of, Section 117.0503, Florida Statutes. SIGNATURE agent and tile if applicable (NOTE: Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95) DELETE 11 TITLE NAME ROACH, SUSAN J Change Addition 1.2 NAME STREET ADDRESS 10550 NW 21 STREET CR2E037 1.3 STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP TITLE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME ROACH, KEITH Change Addition 2.2 NAME STREET ADDRESS 10550 NW 21 STREET 2.3 STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP TITLE 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE NAME DICARA, INGRID R Change Addition 3.2 NAME STREET ADDRESS 250 NE 38TH ST #8 3.3 STREET ADDRESS CITY-ST-2IP OAKLAND PARK FL 33334 TITLE 3 4. CITY-ST-ZIP DELETE 4.1 TITLE NAME Change ☐ Addition 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY - ST - ZIP DELETE 5.1 TITLE NAME ☐ Change Addition 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP DELETE 6.1 TITLE NAME ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Ido 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 supremental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if chapsed, or own an attachment with an address. peith A. Rooch SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR