Za zi Urzifuna in Uoli Eoo "El Calli (U. m.) DOCUMENT # P0000039453 May 24, 2001 8:00 am Secretary of State 1. Entity Name L.S. REAL ESTATE, INC. 05-02-2001 90003 048 ***150.00 Principal Place of Business Mailing Address 1771 NW 38TH AVENUE 1771 NW 38TH AVENUE LAUDERHILL FL 33311 LAUDERHILL FL 33311----25.05.25 and the second 2. Principal Place of Business 3. Mailing Address (1977) Suite, Apt. #, etc. 'Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 05-100622 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name end Address of New Registered Agent 6. Name and Address of Current Registered Agent -DAVID TORCHIN, C.P.A., P.A. Street Address (P.O. Box Number is Not Acceptable) 8211 WEST BROWARD BLVD., SUITE 200 PLANTATION FL 33324-2726 Zip Code City 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. (NOTE: Rec stered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Trust Fund Contribution Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Addition TITLE ☐ Delete MORDEHAY, ELI NAME NAME 5 (25) 27/32 STREET ADDRESS STREET ADORESS 1771 NW 38TH AVENUE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33311 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ___ 🔲 Addition. Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P ☐ Change Addition TITLE Delete TITLE MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MILE Delete TID F ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP JIY-SI-ZIP TITLE Delete TILE ☐ Addition NAME MME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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: Osytema Phone #