2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000052936

1. Entity Name

Apr 18, 2001 8:00 am Secretary of State M.F.A. CORPORATION 04-18-2001 90109 016 ***150.00 Principal Place of Business Mailing Address 1225 HARRISON STREET 1225 HARRISON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address 749 E-HALLAROME BCH Blue 1749 E. HAll ANDME BCH Blue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 183 4. FEI Number 65-1018206 Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33009 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & LITRERA P.A. Address (P.O. Box Number is Not Acceptable) 342 ALMERIA AVENUE COBAL GABLES FL 33134 Äυ. 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: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00----9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE NAME NAME MIHLSTIN, MICHAL G STREET ADDRESS STREET ADDRESS 1225 HARRISON STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ Addition TITLE Delete TITLE NAME MIHLSTIN, FRANKLIN D NAME STREET ADDRESS STREET ADDRESS 1225 HARRISON STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change TITLE VSTD ☐ Delete TITLE Addition NAME MIHLSTIN, ANNETTE NAME STREET ADDRESS STREET ADDRESS 1225 HARRISON STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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:

4-10-01 18541923.4365