FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P 000000 71685 05-23-2001 90199 002 ***150.00 DMS FLOORING INC. Principal Place of Business Mailing Address 627 ANDERSON CIRA 209 SEEFLELD BCH. FZ. 627 ANDERSON-CIR. #209 C0069749 DEERFIELD BCH FL. 2. Principal Place of Business 3. Mailing Address 627 ANSERSON (IL. 209 627 ANS GROON (IR #209 Suite, Apt. #, etc. UZZZ-F-EL-BCH--F-L. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE EER FIELD-BCH. City & State City & State 4. FEI Number Applied For 33441 33441 65/038333 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent b27 ANDERSON CIR. 209. DEER FIELD BEACH. FLRIDA 33441 Street Address (P.O. Box Number is Not Acceptable) BOH. 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. d or prysted name or registeled agent and title if applicable. (NO / (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 filling 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENTE PRESIDENTE TITLE Addition ☐ Delete TITLE Change Change Rodereuss MAKOELO 636 Siesta Key Cil. 2922 makerbo ROSRICUES MARCELO NAME 627 ANYERSON link 209 STREET ADDRESS STREET ADDRESS beerpleed Beth fl-33441 CITY-ST-ZIP CITY-ST-ZIP BEER FIELD BEN. PL. TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZfP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 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: