2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P00000088285 M & W USA, INC. 04-10-2001 90493 048 ***150.00 Principal Place of Business Mailing Address 1847 WIMBLEDON STREET 1847 WIMBLEDON STREET KISSIMMEE FL 34743 KISSIMMEE FL 34743 739976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAYNE A. THRIFT JR. SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1847 WIMBLEDON ST. 343 ALMERIA AVENUE CORAL GABLES FL 33134 KISSIMMEE 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 WAYNE A THRIFT J. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax fiting requirement and elects to do so. Trust Fund Contribution. Г Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition Change TITLE TUTLE ☐ Delete NAME QURESHI, MUHAMMAD A NAME STREET ADDRESS STREET ADDRESS 1847 WIMBLEDON STREET CITY - ST - ZIP CITY-ST-ZiP KISSIMMEE FL 34743 VSTD ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME THRIFT, WAYNE A JR STREET ADDRESS STREET ADDRESS 1847 WIMBLEDON STREET CITY-ST-Z:P CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete ☐ Change Addition TITLE 7171.9 NAME NAME STREET ADDRESS STREET AGGRESS CITY-ST-ZIP CITY-ST-ZIP Change Adaltion ☐ Delete 71718 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TYPLE NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition ☐ Delete T:T.E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z!P 13. Thereby 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

MAYNE A. Thaft Jr.