FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am g DOCUMENT # P00000091336 1. Entity Name 05-16-2002 90031 009 ***150.00 AMERI AC HOLDINGS, INC. Principal Place of Business Mailing Address 1647 MAYO ST 2901 STIRLING ROAD, #2921 B0104491 HOLLYWOOD FL 33020 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address ABOUR WAYD SAME 1647 54. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1046595 tolly wood Not Applicable \$8.75 Additional ---5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARCASIU. JOSIF A Street Address (P.O. Box Number is Not Acceptable) 1647 MAYO STREET HOLLYWOOD FL 33020 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D-6 TITLE ☐ Delete TITLE Change ☐ Addition NAME FARCASIU, JOSIF A NAME STREET ADDRESS 1647_MAYO_ST_ STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP D - S ☐ Delete TITLE Change ☐ Addition NAME KLINE, STARLETT NAME STREFT ADDRESS 3200 PORT ROYALE DR #704 STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP___ TITLE ☐ Delete ☐ 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.