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DOCUMENT # P01000024867 1. Entity Name						Secretary of State			
VESTCO,	, INC.					01-23-2	2002 90105 (027 ***150	0.00
e of Business	3	Mailing Address			•				
VE. #1801 H FL 33139	9 ASLAND AVE. #1801 MIAMI BEACH FL 33139				18 0 1862 111 1862 1791 J	6 109 84 191 88 119 84 111	1 1 1 1 1 1 1 1 1 1 	1 /1/1 1 11 /2 111/2	
lace of Busin	3. Mailing Address								
#, etc.	Suite, Apt. #, etc.				DO NOT	WRITE IN THIS	SPACE		
e	City & State			4.	65-1085.	321	_ 	plied For t Applicable	
Country				itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. 1	Name and Address of N	ew Registered	Agent	
ORTINA, LIÑ	ĎA	-		<i>!</i> *	KICHARI) B-BEXWSON				
NCE DE LE									
CORAL GABLES FL 33134				City	ISLA	IP AU ENUE	APT. (PO 1	3.20
FILM DEACH PL 33/34									
	A for Ben	PRICHAGO	B, B	BEEUS	ON PR	ESIDENT_	1,	10/0.	2_
Signature, typeo	or printer hards of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature	e required when r	einstating)	DATE /		
	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00				May Be to Fees	
	DIRECTORS 12.			AC	DDITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS	3 IN 11	
D				E				☐ Change	☐ Addition
BERENSO 9 ØSLAN	D AVE, #1801	NAM Str		EET ADDRESS					
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	MENT e VESTCO, e of Business VE. #1801 I FL 33139 lace of Busin #, etc. e 6. Name ORTINA, LIN NCE DE LE GABLES FL named entit sprattion is eligication is eligication is eligication on back) D BERENSO 9 BSLAN MIAMI BE D BERENSO 9 BSLAN	MENT # PO100 VESTCO, INC. e of Business VE. #1801 I FL 33139 lace of Business #, etc. Country 6. Name and Address of Current F ORTINA, LINDA NCE DE LEON BLVD, STE 505 GABLES FL 33134 named entity submits this statement for Sphatore, typed or printed large of registered agent a oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND I D BERENSON, RICHARD 9 WESLAND AVE, #1801 MIAMI BEACH FL 33139	WESTCO, INC. Be of Business WE, #1801 H FL 33139 Mailing Address WE, #1801 H FL 33139 Mailing Address 9 SLAND AVE, #1801 MIAMI BEACH FL 33139 Mailing Address 9 SLAND AVE, #1801 MIAMI BEACH FL 33139 A Mailing Address 9 Schand Address 3. Mailing Address 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ORTINA, LINDA NCE DE LEON BLVD, STE 505 ABBLES FL 33134 A Mailing Address City & State Country Zip 6. Name and Address of Current Registered Agent ORTINA, LINDA NCE DE LEON BLVD, STE 505 ABBLES FL 33134 The purpose of changing its interpretation is eligible to satisfy its Intangible equirement and elects to do so. In a con back of the purpose of changing its interpretation is eligible to satisfy its Intangible equirement and elects to do so. Make Check Payab OFFICERS AND DIRECTORS Delete Delete Delete Delete Delete Delete Delete	MENT # P0100024867 vestco, INc. e of Business	MENT # P0100024867 VESTCO, INC. De of Business Mailing Address VE #1801 9	MENT # PO1000024867 vestCO, INC. a of Business Mailing Address 9 SelaND AVE. #1801 MIAMI BEACH FL 33139 lace of Business A. Mailing Address J. Mailing Address J. Mailing Address J. Mailing Address J. Mailing Address A. Mailing Address J. Mailing Address	WENT # P01000024867 VESTCO, INC. O1-23-2 De of Business We #1801 IF R 30139 Making Address DO NOT Surfer Apt #1801 IF R 30139 IF R	Secretary	MENT # P01000024867 vestoo, INC. Including Address Mailing Address Subject of Business Mailing Address Subject of Business Address of Business Tell. Country Including Address Subject of Business Tell. Country Including Address of New Registered Agent Tell. Name and Address of New Registered Agent Tell. Name Address of Post Number is Not Acceptable) Description of State Number is Not Acceptable) Tell. Tell

13. I hereby certify that the information applied 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 of 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 attackment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND THE DOE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

102 365 531-6000