FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State P01000054074 DOCUMENT # 1. Entity Name 04-24-2002 90305 011 ***150 GREENWARE CERAMICS INC. Mailing Address Principal Place of Business 9810 NW 90TH AVE UNIT 8G 9810 NW 80TH AVE UNIT 8G HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address 9921 NW80th 4921 NW 80 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE)nit)vi+ City & State City & State 4. FEI Number Applied For 1136941 tialea Not Applicable tialea Country Zip \$8.75 Additional 5. Certificate of Status Desired 33016 33016 Miami-Dide Miami-Dude Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARDS, ANITA C Street Address (P.O. Box Number is Not Acceptable) 9810 NW 80TH AVE UNIT 8G HIALEAH GARDENS FL 33016 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Ø Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME BAUER, JANET NAME 1750 SW 70TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change Marlene Dicker 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-7IP CITY-ST-ZIP M Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 30-824-5577

CR2E034 (9/01)