2003 FOR PROFIT CORPORATION

FILED Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000065030 1. Entity Name 04-23-2003 90072 004 ***150.00 NOW OR NEVER LIQUIDATION, INC. Principal Place of Business Mailing Address 5300 NW 33 AVENUE SUITE 117 5300 NW 33 AVENUE SUITE 117 11007647 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 5/91 SIW Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1119227 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 SERCHAY, ALLAN Street Address (P.O. Box Number is Not Acceptable) 5300 NW 33 AVENUE SUITE 117 5.2 FT. LAUDERDALE FL 33309 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MOSHE AGAM Delete TITLE TITLE ☐ Addition NAME APELBOIM, DANIEL NAME 5.W 38 5191 STREET ADDRESS 255 CODRINGTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 40 LLY WOOD FL 332 19 Delete TITLE TITLE ☐ Addition VANIV ZAH NAME NAME CHESLA, MORRIS 2433 SW, 58 MANOR STREET ADDRESS STREET ADDRESS 1088 DEERWOOD LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Delete TITLE TITLE ☐ Addition NAME JARAMILLO, DAVID NAME STREET ADDRESS 12204 SW 132 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Delete TITLE TITLE ☐ Change ☐ Addition NAME MARINEAU, MARIA NAME STREET ADDRESS 9621 FOUNTAINBLEAU BLVD. #412 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition

12. Thereby certify that the information supplied with this filling 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the impowered.

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR