FILED May 14, 2002 8:00 am & Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000107348 1. Entity Name FLORPAK INC 05-14-2002 90287 029 ***150.00 Principal Place of Business Mailing Address 2224 N.E. 17TH TERRACE 2224 N.E. 17TH TERRACE WILTON MANORS FL 33305 WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address 4710 NW 15th Ave NW) 15th Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE dnit nit 4. FEI Number Applied For 65-115-6696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired rowara Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name .WALTERS, KENNETH W JR. Street Address (P.O. Box Number is Not Acceptable) 2224 N.E. 17TH TERRACE WILTON MANORS FL 33305 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 \$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) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WALTERS, KENNETH W JR. NAME STREET ADDRESS 2224 N.E. 17TH TERRACE STREET ADDRESS CITY-ST-7IP WILTON MANORS FL 33305 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ ∩elete 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

04/21/02

954-303-9927