UNIFORM BUSINESS REPORT (UBR FILED Y07000005696 DOCUMENT # 1. Entity Name 03 MAY 16 AM 10: 44 SECRETARY OF STATE
TALLAHASSEE, FLORIDA Mailing Address 16800 NW 47 AVE 16800 NW 47 AU MIAMI, PL 3305J MIAMI, PC 23055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 57-2306220 Not Applicab Zip Country Country \$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 NADER MARAMI Street Address (P.O. Box Number is Not Acceptable) 16800 NW 47 AVE. MIAMI FC 33058 City Zio Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Additic TITLE MAME HAME 400020778124 06/11/03--01046--016 **150.00 ADER F. HARAMI STREET ADDRESS STREET ADDRESS 16800 NW 47 AV. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additic ☐ Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP Additic TITLE ☐ Delete TITLE Change HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additic TITLE ☐ Delete TITLE MALAF MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Additic BAME NAME.

12. 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 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-SI-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-73P

NADER RANAM

1/30/03