FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 24, 2003 8:00 am Secretary of State P02000101815 DOCUMENT # 04-24-2003 90220 034 ***150.00 1. Entity Name MAX DONEL, INC. Principal Place of Business Mailing Address **1881 NE 26 STREET** 1881 NE 26 STREET SUITE 200-A SUITE 200-A FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 71-0905279 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONEL, GERARD M Street Address (P.O. Box Number is Not Acceptable) **1881 NE 26 STREET** SUITE 200-A FORT LAUDERDALE FL 33305 Zip 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. 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Board of Director, P TITLE 🗷 Delete TITLE ☐ Addition Donel, Gerard Mi NAME DONEL, GERARD M NAME STE # 200- A 1881 NE 26 Street, 1881 NE 26 STREET, STE#200-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP F1. Louderdals, FL 33305 ☐ Addition TITLE VP.D Delete TITLE ☐ Change MONTEIRO, ELISA B STREET ADDRESS 1881 NE 26 STREET, STE#200-A STREET ADDRESS CITY-ST-ZIE FORT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE [] Change 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 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address, with all other like empowered. changed, or on an attachment with an address, with all other like empowered.

LERARD MAX. DONE