FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State **DOCUMENT # P09291** JAYMONT (U.S.A.) INCORPORATED 05-10-2001 90121 048 ***150.00 Principal Place of Business Mailing Address 3333 W COMMERCIAL BLVD 3333 W COMMERCIAL BLVD 3 4 U 1 & U FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3322293 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition ☐ Detete TITLE TITLE FONG, MICHAEL C NAME NAME 3333 W COMMERCIAL BLVD STE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ST TITLE ☐ Delete TITLE LOVELL, RICHARD C NAME NAME 3333 W COMERCIAL BLVD STE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change Addition TITI F TITLE ☐ Delete OSAMA EL-HADDAD NAME NAME 3333 W COMMERCIAL BLVD STE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete Change ☐ Addition TITLE TITLE MAGDI, JAMEEL NAME NAME

13. 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 trusted empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen) with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME 1 RUE DES GENETS

MONTE CARLO MO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Richard C. Lovell

April 20, 2001 (954) 777-2999

Change

Change

☐ Addition

☐ Addition

:R2E034 (10/00