FILED Apr 23, 2002 8:00 am Secretary of State 03-26-2002 90102 030 ***150.00

FOR PROFIT CORPORATION

| 702 U I | NIFORM BUSINE | SS REPORT | · (U | BR) | | | |
|--|---|---|----------------------|--|---------------|---|------------------|
| DOCUMENT # P92000014660 | | | | | | | |
| AAA King Cole Enterprises, Inc. | | | | | | . 24931 | |
| DO NOT WRITE IN THIS SPACE | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | and the second of the second | |
| 1711 Da Suite, Apt. 4 | ytonia Road | 1711 Daytonia Road Suite, Apr. 1, etc. | | | | DO NOT WRITE IN THIS SPACE | |
| City & State | seach, FL | Miami Beach, FL | | | | 4. FEI Number Applied For Not Applied For Not Applied For | |
| Zip Country 33141 USA | | Zip 33141 | Count | | | 5. Certificate of Status Desired | |
| _ | | · • | | Name i | | Name and Address of Current Registered Agent | 7 |
| | DO NOT MIDITE | | | | | nor Bauman- | |
| IN THIS SPACE | | | | Street Address (P.C. Box Number Is Not Acceptable) 1711 Daytonia Road | | | |
| | | | | City N | liam | i Beach FL Zing Stiff | |
| 8. The above | named entity submits this statement for | the purpose of changing its | register | ed office or | registered | | 7 |
| SIGNATURE _ | Eleanon Banin | anne | | | | 48102 | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Highware, types or printer fraume of augustract agent as | ANN | | d Agent signalu | | ren reinstating) DATE | _ |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1, After May 1, Amended U Make Check Payable | | | | s \$550.00 s \$61.25 | | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | |
| 11. | OFFICERS AND D | DIRECTORS | TITL | | | | |
| TITLE MAME | PDST Eleanor Bauman | | | E | | | 12/0 |
| STREET ADDRESS 1711 Daytonia Road CITY-S1-IP Migmi Beach, FL 33141 | | | | ET ADDRESS -ST-71P | | | CR2E034B (12/01) |
| TITLE | MIAMI PRACK , FE | 22171 | 1171 | | | | l Si |
| NAME STREET ADORESS | | | NAM | E Et address | | | ပြ |
| CITY-ST-ZIP | | | | -\$1- <i>2</i> 1P | | | |
| TITLE NAME | | - | 1117 | | | | 7 |
| STREET ADDRESS | | | | ET ADDRESS | المان المطلوب | DO NOT WRITE | |
| TITLE | | | inu | - 1 | · | IN THIS SPACE | 1 |
| STREET ADDRESS | | | NAM STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | - | ·ST-ZIP | | | - |
| TITLE NAME | | | HAM | | | , | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDINESS ST-ZIP | | , | |
| TOLE | | | TITLE | | | | 1 |
| NAME STREET ADDRESS | | | nama Stru | TADORESS | | | |
| CTTY-ST-73P | ······································ | | CITY- | SI-ZiP | | | |
| 13. Thereby ce indicated c | artify that the information supplied with the on this report or supplemental report is to | his filing does not qualify for rue and accurate and that in | the exer y signat | nption state ure shall ha | d in Section | on 119.07(31(i), Florida Statutes, i further certify that the information ne legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or on an | } |
| attachmen | t with an address, with all other like a up | owned. | Tegi | лес by Ch. | аркет 607. | rivina stautes; and that my name appears in Block 11 or on an | 1 |
| SIGNAT | URE: | MED NAME OF STAIRU STFICER | R DIRECT | OR , | | 3/11/02_ Date: Daystatis I trease # | |