2000 UNIFORM BUSINESS REPORT (UBR) 5/9/00 FILED Jun 05, 2000 8:00 am Secretary of State DOCUMENT # P93000002064 1. Entity Name AREMCO CORP.___ 05-09-2000 90080 036 ***150.00 Principal Place of Business Mailing Address 12340 NORTHEAST 6TH COURT 12340 NORTHEAST 6TH COURT NORTH MIAMI FL 33161-5518 NORTH MIAM! FL 33161 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0381395 Not Applicable Country \$8,75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATCHEN, SOL 12340 NORTHEAST 6TH COURT NORTH MIAMI FL 33161 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this a 5-26-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) il and title if applicable. Signature, typed or printed name of regist FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete me PTD TITLE NAME NAME MOSS, HAROLD N STREET ADDRESS STREET ADDRESS 10006 COUNTRY VIEW ROAD CITY-ST-ZIP CITY-ST-71P LA MESA CA 91941 Change ☐ Addition Delete TITLE **VD** TITLE NAME MOSS, ETHEL J MAME STREET ADDRESS 10006 COUNTRY VIEW ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LA MESA CA 91941**

TITLE П Спапре ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐ Addition TITLE ☐ Delete TITLE" NAME NAME CTREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE 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 quality 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 a laddress, with all other like empowered.

SIGNATURE: BY Afaire Line 18 PROS

4/27/00 (305)893-1 Date Dayerne Pho