FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 14, 2000 8:00 am Secretary of State DOCUMENT # P93000011830 1. Entity Name 01-14-2000 90042 048 ***158.75 LWA, INC. Mailing Address Principal Place of Business 321 SUNSET DR. 321 SUNSET DR. 600353 SUITE \$ SUITE 5 FT. LAUDERDALE FL 33301-2651 FT. LAUDERDALE FL 33305 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0385880 Not Applicable \$8.75 Additional Zip Country 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 GAMBELLO, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 321 SUNSET DR. SUITE 5 FT. LAUDERDALE FL 33305 Zip Code City 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. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. swent any - Theasuren Delete TITLE. TITLE GAMBELLO, MICHAEL F NAME NAME STREET ADDRESS STREET ADDRESS 321 SUNSET DR., SUITE 5 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 PRESIDENT Addition ☐ Delete TITLE TITLE PALACIO, LOUIS NAME NAME STREET ADDRESS 321 SUNSET DR., SUITE 5 STREET ADDRESS CITY-ST-ZIP City-ST-7IP FT. LAUDERDALE FL 33301 VICE PRESIDENT Addition ☐ Delete TITLE TITLE LYSTER DENNIS-NAME ŇAMÉ 321 SUNSET DR., SUITE 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-7IP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

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Daylime Phone