2000 UNIFORM BUSINESS REPORT (UBR) FILED P93000058709 DOCUMENT # 00 MAR 22 PM 2: 19 MITTEL AGENCY SERVICES INC SUCRETARY OF STATE TALLATIANSEE, FLORIDA Principal Place of Business Mailing Address 713 WHITE HEAD STREET 713 WHITE HEAD STREET KEY WEST FL 33040 CHOSENE TUBN Vς 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65 -0448 15< Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Friederike "Ricki" Fischer Street Address (P.O. Box Number is Not Acceptable) 1524 Briercliff Drive Orlando, Fl 32806 (Address - Change) City 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. Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change NAME STREET ADDRESS

11. TITLE GRANEL ROJWITHA TI3 WHIT'S HEAD STREET 900003186479---03/28/00--01020--004 NAME STREET ADDRESS CITY-ST-ZIP ****150.00 CITY-ST-7IP KEY WEST FL ****150.00 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete_ TITLE ☐ Change ☐ Addition TITLE 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 TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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(ROSWITHA GRANEL)

5RANEL) 03/10/2000

(305) 296 - 7264

Daytime Pho

Daytime Phone #

CR2E034 (9/9)