2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P930000 83735 May 10, 2001 8:00 am Secretary of State Majestic Investment Corporation 05-10-2001 90127 018 ***150.00 Principal Place of Business 4250 SW 92rd 大区 Mailing Address NW FIRST ST. PLANTATION, FL DAVIE, FL 33328 AUU52880 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 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 FOCKE, JR. H.R. 3800 FLVERRARY BLUD. #209 SAME Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL, FL 33319 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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-OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change FOCKE, RICHARD L. 4250 SW 9Z AUE. STREET ADDRESS STREET ADDRESS DAVIE, FL 33328 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition FOCKE, HENRY R. JR. 13000 NW FIRST ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change * Addition FOCKE SUSAN W. 13000 NW FIRST ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition 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 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:

Focke