2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P94000029986 TROPIC SPHEX, INC. 04-13-2001 90094 032 ***150.00 Principal Place of Business Mailing Address 1404 S ATLANTIC AVENUE 1404 S ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3235621 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name KOUZOUDJIAN, GEORGES Street Address (P.O. Box Number is Not Acceptable) 436 AUBURN DRIVE APT. 50 DAYTONA BEACH FL 32118 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE OHNONA, CHARON 2600 N. Peningula DR. OHNONA, CHARON NAME NAME 2957 OCEASNS TRACE STREET ADDRESS STREET ADDRESS DAYtona Beach, FC 32118 CITY-ST-ZIP DAYTONA BEACH SHORES FL CITY-ST-ZIP Delete TITLE TITLE KOUZOUDJIAN, GEORGES KOUZOUDJIAN, GEORGES NAME NAME 1401 S. Palmetto AVE #515 436 AUBURN DR., #50 STREET ADDRESS STREET ADDRESS DAYHONA BEACH, FL 32114 CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Change TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE 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

CITY-ST-ZIP

GEORGES KOUZOUD JIAN V. Pres. V4-11-0

CR2E034 (10/00)