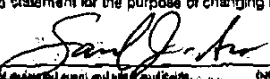
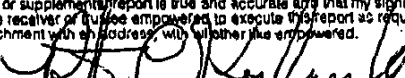


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/18/03--01041--004 **550.00

DOCUMENT # P94000053952			
1. Entity Name PETER STONE CO., U.S.A., INC.		SECRETARY OF STATE TALLAHASSEE, FL	
Principal Place of Business 222 LAKEVIEW AVENUE SUITE 160-231 W PALM BEACH, FL 33401 US		Mailing Address P.O. BOX 1008 SELBYVILLE, DE 19975 US	
2. Principal Place of Business		3. Mailing Address 910 Foulk Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201	
City & State		City & State Wilmington, DE	
Zip		Zip 19803	
Country		Country USA	
6. Name and Address of Current Registered Agent INTERNATIONAL BUSINESS INCORPORATORS 3108 SW 103RD AVENUE MIAMI, FL 33173		7. Name and Address of New Registered Agent Ard, Shirley, & Hartman, P.A. Street Address (P.O. Box Number is Not Acceptable) 207 W. Park Avenue Suite B Tallahassee, FL 32301	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 7/15/03 Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent signature required when instituting)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KOSLOWSKI, PETER 6/496-7 6/278-3 BANGNA TRAD ROAD BANGKOK, TH 10260 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V COHEN, CHARLES 7 N WILLIAMS STREET SELBYVILLE, DE 19976 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE: 10 July 2003 302-436 0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			