2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000061191 Apr 14, 2000 8:00 am Secretary of State GMKM CORP., INC. 04-14-2000 90105 027 ***150.00 Principal Place of Business Mailing Address 250 VALENCIA AVE 250 VALENCIA AVE CORAL GABLES FL 33134-5906 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 1828-B N. University Dr. 1828-B N. University Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Plantation , FL Applied For City & State Plantation, FL 4. FEI Number 65-0594298 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33322 33322 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Miller, George MILLER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1828-B N. University D 250 VALENCIA AVE. 28-B N. University Dr **CORAL GABLES FL 33134** Zip Code 33322 Plantation / 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. Dinector George Miller /5/2000 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. XX Change ☐ Addition TITLE TITLE ☐ Delete Miller, George MILLER, GEORGE NAME 1828-B N. University Dr. 250 VALENCIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Plantation, FL ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George D. Miller

4/5/2000

Day

Daytime Phone #