May 06, 2002 8:00 am § 2002 UNIFORM BUSINESS REPORT (UBR) P94000085224 DOCUMENT # Secretary of State 1. Entity Name 05-06-2002 90070 048 ***150 00 H. D. KNITTING, INC. Mailing Address Principal Place of Business 7249 N.W. 38 CT. 3724 NW 73RD ST MAMI FL 33147 MIAMLEL 33147 2. Principal Place of Business 3. Mailing Address 7621 N.W. 37/ Auc Sam DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MIAMI Applied For City & State 4. FEI Number City & State 65-0537842 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee:Required= 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABRAHAM KATTAN WOLFE, MELVIN Street Address (P.O. Box Number is Not Acceptable) 10651 N KENDALL DR, 200 MIAMLPL 33176 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 4-19-02 (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed tle if apolicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE KATTAN, ABRAHAM NAME 7621 N.W. 37th Ave. MIAMI, FR. 33147 NAME 7249 NW 38TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete 7621 N.W. 37th Ave. KATTAN, RAHAMIN NAME NAME STREET ADDRESS 7249 NW 38TH CT-STREET ADDRESS mimi, Fla. 33147 MIAMI FL 33147 CITY-ST-ZIP CITY-ST-7IP M Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 empoyered 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 proper like empowered. 4-19-02 305-696-2800
Date Daytime Phone # SIGNA

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED G OFFICER OR DIRECTOR