FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAR -7 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092819 (9)

1. Corporate Name

EUROPEAN PRODUCT DISTRIBUTORS, INC.

Principal Office Address

TRADE CENTRE SOUTH #930
100 CYPRESS CREEK RD
FT LAUDERDALE FL 33309

Mailing Address

TRADE CENTRE SOUTH #930
100 CYPRESS CREEK RD
FT LAUDERDALE FL 33309

Certificate to this space

3. Date of Last Report: 12/23/1994

3a. Date of Last Report

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: 65-0542322 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Certified Copy (optional) ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIZZO, MARY ANN
100 W CYPRESS CREEK RD
SUITE 930
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Registered Agent signature required if not listed — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, GARY
STREET ADDRESS	TRADE CTR S #930 100 W CYPRESS CREEK RD
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information contained herein, if applicable, is accurate and that I am a duly authorized officer of the corporation or other authorized person to execute this report as required by Chapter 607, Florida Statutes. I further certify that the corporation has filed all applicable annual reports or supplemental annual reports from and including the year in which the corporation last filed a report under Chapter 607, Florida Statutes, or its predecessor or successor in interest, through the year in which this report is being filed, and that my name appears in Block 1, or Block 2, of this report as an officer, director, or registered agent with an asterisk.

SIGNATURE: Gary Cooper — SIGNATURE AND TYPE OR PRINTED NAME OF INDICATED OFFICER OR DIRECTOR — GARY COOPER — 3-2-95 — (305) 771-6210

0001453 FP