2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P95000024549 GOLF BROKERAGE U.S.A. INC. !-28-2001 90122 046 ***150.00 Principal Place of Business Mailing Address 1222 NE 4TH AVE 1222 NE 4TH AVE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0668505 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LABOSSIERE, MARC Street Address (P.O. Box Number is Not Acceptable) 1222 NE 5TH AVE FT LAUDERDALE FL 33304 City Zip Code FI 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. SIGNATURE DATÉ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOULET, JOSEF NAME NAME STREET ADDRESS STREET ADDRESS 536 ESTRELLE CITY-ST-ZIP CITY-ST-ZIP CHARLBOURG, QUEBEC CANADA ☐ Change Addition TITLE ☐ Defete TITI F NAME GOULET, CHANTAL NAME STREET ADDRESS 1286 MONTABUR DAS ROCHAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLBOURG, QUEBEC CANADA TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 and that my name appears in Block 11 or Block 12 if all other like empowered changed, or on an attachment with an ade

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #