FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P95000047912 1. Entity Name SUN ENERGY PRODUCTS U.S.A., CORP. 04-21-2000 90022 011 ***150.00 Mailing Address Principal Place of Business 4410 N STATE RD # 7. SUITE 111 PO BOX 9926 FT. LAUDERDALE FL 33310-0926 00033903 FT. LAUDERDALE FL 33319 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0589557 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATSON TRIC APPEL, A. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4410 N STATE RD # 7, SUITE 111 FT. LAUDERDALE FL 33319 ATTANTIC BLVD 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. WILLIAM WATSON TRICK 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE APPEL, A. MICHAEL NAME NAME 4410 N STATE RD # 7, SUITE 111 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director bort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does need indicated on this report or supplemental report is true and accurate. indicated on this report or supplet of the corporation of the received this ered to exec ee empo changed, or on an attachme

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SIGNATURE:

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Daytime Phone #