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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P9500065969 (4)

1. Corporation Name

EQUITY ONE INVESTMENTS, INC.

Making Address Principal Place of Business 11781 S.W. 9TH COURT 11781 S.W. 9TH COURT PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ziro Zip Florida Statutes ☐ Yes ☐ No 30 29 25 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 PERLOW, JEFFREY M 1820 E. HALLANDALE BEACH BLVD. 83 HALLANDALE FL 33009 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. DATE SIGNATURE (NOTE Responsed Agent signation copies I when remote high ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. PLESIDENT DIRECTOR DELETE 1 1 THILE PRESIDENT TITLE KENNETH WOLFFRY #215 1.2 NAME KENNETH WOLLISKY NAME HOU LESLIE DR 1 215 1.3 STREET ADDRESS STREET ADDRESS HALLHNOME FC. 33009 HALANDALE, FC. 33067 1.4 City - St - 205 CITY - ST - ZIP Addition ☐ Change DÉLETE 2 1 7:111 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City - ST, ZIP CITY - ST - ZIP Change ncifibbA [DELETE 3 1 TOLE TITLE 3.2 NAME

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14. I do hereby certify that the information supplied with this firing is voluntarily turn shed and does not qualify for the exemption stated in Section 119 02(3)(k). Florida Statutes, I further certify that the information indicated on this ar multi-report or suppliend annual report is true and accurate and that my signature shall have the same legal effect as if marte under certify that the information indicated on this ar multi-report or suppliend annual report is true and accurate and that my signature shall have the same legal effect as if marte under certify that the information indicated on this are multi-report or suppliend with a notificer or director of the corporation or his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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5/28/96 (954) 456.2888

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