2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000070233 Sep 06, 2000 8:00 am Secretary of State 1. Entity Name COMSERV INTERNATIONAL, INC. 09-06-2000 90100 046 ***558.75 Principal Place of Business Mailing Address 14780 S.W. 170TH TERRACE 14780 S.W. 170TH TERRACE MIAMI FL 33187 MIAM! FL 33187 2. Principal Place of Business 3. Mailing Address S.W. 153 TER 13445 13445 SW 153TRL. Sujte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1803 1803 City & State 4. FEI Number Applied For City & State 65-0607458 MIAML FLOAIDA Not Applicable DAJE \$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 GIROD, EANEST GIROD, ERNEST A 14780 S.W. 170TH TERRACE **MIAMI FL 33187** 1803 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. Addition TITLE TITLE Delete GIROD, ERNEST A NAME NAME STREET ADDRESS 14780 SW 170TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI, ☐ Change ☐ Addition Delete TITLE TITLE MASON, MARION G NAME NAME 9454 SW 146TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL: 33186_ CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete GIROD, SAMUEL A NAME NAME 9061 SW 140 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ 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-ZIP Change Addition ☐ Delete TITLE TITLE 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 empowered 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 other the empowered.

A. GIRDA

SIGNATURE: