2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000071164 May 08, 2000 8:00 am Secretary of State 1. Entity Name L.A.H. ADVISORS, INC. 05-08-2000 90172 017 ***150.00 Mailing Address Principal Place of Business 1080 MARINER DRIVE 1080 MARINER DRIVE KEY BISCAYNE FL 33149-2474 KEY BISCAYNE FL 33149 US 3. Mailing Address 2. Principal Place of Business Sparson Bur 260 Cranpon Bly DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0634094 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required MINAMI-DADO 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HANABERGH, LAWRENCE 1080 MARINER DRIV **KEY BSICAYNE FL 33149** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 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. ☐ Delete TITLE TITLE HANABERGH, LAWRENCE NAME NAME 500 Ocean Tame Drive-API 100, STREET ADDRESS **1080 MARINER DRIVE** STREET ADDRESS CITY-ST-7IP KEY BISCAYNE FL CITY-ST-ZIF ☐ Delete TITLE TITI F 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 ☐ Addition: ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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,

SIGNATURE:

with all other like empowered

PRINTED NAME OF SIGN