2001 UNIFORM BUSINESS REPORT (UBR) Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P95000071573 1. Entity Name EWE WAREHOUSE INVESTMENTS, INC. 04-02-2001 90056 047 ***158.75 Principal Place of Business Mailing Address 10165 NW 19 STREET 10165 NW 19 STREET MIAM) FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0614848 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 Name EASTON, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 10165 NW 19 STREET **MIAMI FL 33172** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 ☐ Change ☐ Addition NAME EASTON, EDWARD W NAME STREET ADDRESS STREET ADDRESS 10165 NW 19 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE ☐ Delete TITLE ☐ Change ☐ Addition EASTON, EDWARD J NAME NAME STREET ADDRESS STREET ADDRESS 10165 NW 19 STREET CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33172** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete □ Addition TITLE . Name NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2001 Date

(305) 593-2222 Daytime Phone #