FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT

1776 PINE ISLAND RD.

PLANTATION FL 33322

SUITE 118



FLORIDA DEPARTMENT OF STATE

| | ORATION | and s | Sandra B. Mortham | | | |
|---|---------------|---------------------------------------|---|---------------------|--|--|
| | AL REPORT 996 | | Secretary of State DIVISION OF CORPORAT | COME | | |
| | 330 | | | | | |
| DOCUN 1. Corporation I | MENT # P95 | 0000935 | 579 (7) | | | |
| 2A, INC. | | | | | | |
| | | | | | i iaikiai ka laiki ahai baka baka | Maria dana dana katan dana dana dana dan |
| Principal Place of | f.D. o'coop | | | | | |
| | | Mailing A | Mailing Address | | | |
| 7551 WEST OAKLAND PARK BLVD. 7551 WEST OAKLAND PAR SUNRISE FL 33319 SUNRISE FL 33319 | | | | | | |
| | | | | 3. | Date Incorporated or Qualified 12/04/1995 | 3a. Date of Last Report |
| 2. Principal Plac | e of Business | 2a. Mailir | 2a. Mailing Address | | FEI Number | Applied For |
| 21 | | 26 | | | 65-0624311 | Not Applica |
| Suite, Apt. #, etc. | | Suite 27 | Suite Apt. #, etc. | | Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | k ' | Otty & State | | Election Campaign Financing | 55.00 May Be |
| Z ip | Country | 28 | | | Trust Fund Contribution | Added to Fees |
| 24 | 25 | Z ip 29 | Gountr 30 | y 8 . | This corporation has liability for it Florida Statutes Yes | ntangible tax under s. 199.032, |
| 9. Name and Address of Current Registered Agent | | | | | Name and Address of New R | |
| | | · · · · · · · · · · · · · · · · · · · | 81 | | The state of the s | Since and when |
| GOLDBER | g, randy M | | 82 | 2 Street Address (P | O. Box Number is Not Acceptab | lei |

84 City Zip Code 85

Applied For

Not Applicable \$8.75 Additional

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (Note: Registered April Signature required when rest est dang) DATE CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE D 1. 1 1111.6 Change Addition NAME CHAN, SUI L2 NAME STREET ADDRESS 7551 W OAKLAND PARK BLVD. 1.3 STREET ADDRESS SUNRISE FL 33319 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2 1 TI*LE Change ☐ Addition NAME CHIN, AMY 2.2 NAME STREET ADDRESS 7551 W OAKLAND PARK BLVD. 2.3 STREET ADDRESS SUNRISE FL 33319 CITY - ST - ZIP 2.4 CITY - \$1 - 716 THILE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 Till:E Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - \$1 - ZiP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - 2IF THILE DELETE 6 1 THILE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

63

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this ancual report or supplemental annual 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR