2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P9600003157 METALEX, INC. 04-14-2000 90080 030 ***150.00 Principal Place of Business Mailing Address · · · · · NW 33RD TERRACE 2230 NW 33RD TERRACE COCONUT CREEK FL 33063-7824 CREEK FL 33066 LUUD1221Principal Place of Business 3. Mailing Address 938732 P.O BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number MARGATE ARGATE 65-0667605 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired A Fee Required 1) 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NADEAU, J.C. Street Address (P.O. Box Number is Not Acceptable) 2230 N W 33 TERR COURT COCONUT CREEK FL 33066 OCONUT 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 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 (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 J. C . NADEAU, NAME NADEAU, J.C. 21 ST COURT 4713 NW STREET ADDRESS STREET ADDRESS 2230 NW 33RD TERR CREEK FL. 33063 CITY-ST-ZIP CITY-ST-ZIP CO (O NUT COCONUT CREEK FL 33066 Delete TITLE NAME NADEAU, JOHANNE NAME STREET ADDRESS STREET ADDRESS 2230 NW 33RD TERR CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI E 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NADEAU 04-10-00 954-970-3836

Date Daytime Phone #