FILED 2001 UNIFORM BUSINEŞS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P96000014798 1. Entity Name 05-22-2001 90029 034 ***150.00 M G SYSTEMS, INC. Principal Place of Business Mailing Address 3517 N.W. 82ND AVE. 3517 N.W. 82ND AVE. 659367 MIAMI FLORIDA 33122 MIAMI FLORIDA 33122 2. Principal Place of Business 3. Mailing Address 8100 GENEVA COURT 8100 GENEVA COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 247 247 City & State City & State Applied For 4. FEI Number MIAMI FLORIDA Not Applicable MIAMI, FLORIDA 65-0641757 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33166 33166 U.S.A U.S.A Fee Required -6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent DENISE V. MARTINS Street Address (P.O. Box Number is Not Acceptable) 1162 CHINABERRY DRIVE 1396 N.W. 126TH AVENUE. SUNRISE, FL 33323 Zip Code City WESTON 33327 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition CR2E034 (11/00 TITLE ☐ Delete TITLE P/T NAME NAME JORGE O MARTINS 1162 CHINABERRY DRIVE STREET ADDRESS STREET ADORESS WESTON, FL 33327 CITY-ST-ZIP CITY-ST-7IP SUNRISE-FL 33323 TITLE ☐ Delete TITLE Change Addition VP/S NAME DENTSE V. MARTINS 1396 N.W. 1261H AVENUE 1162 CHINABERRY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTON, FL 33327 SUNRISE FL 33323 TITLE ☐ Delete TITLE ___ Addition__ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 like empowered. JORDE O. MARTINS SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT