2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000016013 Sep 13, 2000 8:00 am Secretary of State 1. Entity Name ACCESSORY AEROMOTIVE INTERNATIONAL, INC. 09-13-2000 90051 022 ***550.00 Mailing Address Principal Place of Business 15615 N.E. 4TH AVENUE 15615 N.F. ATH AVENUE NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 1935 美罗斯克马斯 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3365675 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent Name VANACORE, MIKE Street Address (P.O. Box Number is Not Acceptable) 15615 N.E. 4TH AVENUE NORTH MIAMI BEACH FL 33162 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. TITLE **PSTD** ☐ Delete TITLE Change Addition VANACORE MIKE NAME NAME STREET ADDRESS STREET ADDRESS 15615 N.E. 4TH AVENUE CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI BEACH FL 33162 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY ST ZIP -☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

AMAIN

STREET ADDRESS

CITY-ST-ZIP

CICNATURE.

TITLE

NAME

STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

September 1, 2000 (305) 945-8224

☐ Change

■ Addition