2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000025387 ñ3.IUL28 AM 8:31 THE HAVANA REPUBLIC. INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 300 SW\1ST\AVE 300 SWAIST AVE FORMLAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address 1224 WASHINGTUN AVENUC 1774 WASHINGTON AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For MIAMI BRACH FL 84-1346897 BY ACH, KU MIAMI ` .:.' Not Applicable \$8.75 Additional 5. Certificate of Status Desired U-5-A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHATZMAN, STEPHEN 300 SW 16T AVE JOSEPH I. EMAS Street Address (P.O. Box Number Is Not Acceptable) FORT LAUDERDALE, FL-33301 1224 WASHINGTON AVENUE MIANI BEACH 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. I am familiar with, and accept the obligations of registered agent. 07/24/2003 SIGNATURE . Signature, typed or printed name of excistered agent and title if explicable (NOTE: Registered Agents ignature required when reinstating) FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Amended UBR Is \$61,26 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. T Delete TITLE TITLE ☐ Change ☐ Addition CR2E034 (10/02 SCHATZMAN, STEPHEN NAME NAME 000021793720 07/25/03--01060--010 **550.00 STREET ADDRESS 300 SW 1ST AVE STE 108 STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP City-st-2iP PRESIDENT TITLE Delete TITLE ☐ Addition ☐ Channe NAME LEONARD STERNHEIM NAME STREET ADDRESS 1224 WASHINGTON AVENUE STREET ADDRESS CITY-ST-7/P MIANI BEACH, FL 33139 CRY-51-7IP TITLE SECRETARY TITLE ☐ Delete Change ☐ Addition NAME JOSEIHI - EMAS NAME STREET ADDRESS 1234 WASHINGTON AJENUE STREET ADDRESS CITY-ST-2P 17/4m/ 88 ACH FL 33/39 CRY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS City-St-2P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the emption 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/s/gnature 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/equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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