2003 FOR PROFIT CORPORATION

Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P96000039554 DOCUMENT # 03-31-2003 90183 007 ***150.00 1. Entity Name Yasal Corp. Principal Place of Business Mailing Address 3111 NW 27TH AVE. 3111 NW 27TH AVE. MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3391814 Not Applicable -Zip Country. .\$8.75_Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMNON, LEVY LEVY, AMNON Street Address (P.O. Box Number is Not Acceptable) 601 THREE ISLANDS # 214 CHALLANDALE FL 33009 Deerfield Beach, Fl. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE LEVY, AMNON LEVY AMNON TO LOT U NAME NAME 601-THREE-ISLAND-BLVD - #214 STREET ADDRESS STREET ADDRESS 113 Westbury East HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP Deerfield Beach. Fl. 33442 ☐ Addition TITLE ☐ Delete TITLE YEUY, ALON T Change LEVY, ALON 1 NAME NAME 113-Westbury East 601 THREE ISLAND BLVD # 214 STREET ADDRESS STREET ADDRESS Deerfild Beach Fl, 33342 CITY-ST-ZIP HALLANDALE FL 33809 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 in changed, or on an attachmen th an address, with all other ke empowered.

City-ST-7IP

SIGNATURE:

CITY-ST-7IP

FILED