FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am **DOCUMENT # P96000070576** Secretary of State 1. Entity Name 04-20-2001 90102 001 *****8.75 FINESTRA REAL ESTATE DEVELOPMENT CORP. 04-20-2001 90102 002 ***150.00 Principal Place of Business Mailing Address 5301 N. Federal Highway 5301 N. Federal Highway 68396 Suite 130 Suite 130 Boca Raton, FL 33487 Boca Raton, FL 33487 2. Principal Place of Business 3. Mailing Address 1623 Alton Road 1623 Alton Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami Beach, FL Miami Beach, FL 11-3337432 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33139 Miami-Dade 33139 Miami-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael_P._Gable___ Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. Suite 735 South Tower Hollywood, FL 33021-6755 City 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 Michael P. Gable, Registered Agent 4/6/01 registered agent and title if applicable (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D/P/S/T A Delete Change X Addition TITLE TITLE Mark Kottler Thomas M. Kann NAME STREET ADDRESS 5301 N. Federal Highway, #130 STREET ADDRESS 5700 Collins Avenue, Apt. 8H CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33140 Boca Raton, FL 33487 Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trusted em changed, or on an attachment with an address

CR2E034 (11/00)

Thomas M. Kann, President 4/6/01 305-866-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: