2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$76000 May 16, 2000 8:00 am Secretary of State A CONTINENTAL LOCK & KEY CORP. 05-16-2000 90064 019 ***150.00 Principal Place of Business 8300 S.W. 11 TERR. 3025 S.W. 82 Are. MIAM 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 Not Applicable 65-0685149 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELL. JORGE Street Address (P.O. Box Number is Not Acceptable) 8300 S.W. 11 TERR. MIAMI FC 33144 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Bo Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 🔲 Addition ☐ Change THILE TITLE ☐ Delete NAME Peu, Jores STREET ADDRESS 3029 5 W. 82 AUF. STREET ADDRESS CITY-ST-7IP CUTY-ST-ZIP Addition ☐ Change ☐ Delete THEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF.... CITY-ST-ZIF ☐ Change TITLE ☐ Œerete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE MALE NAME 👡 , STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detere TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO