2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P9700000812 ZAR AUTOMOBILE, INC. 04-26-2001 90243 021 ***150.00 Principal Place of Business Mailing Address 1741 MAIN STREET 1741 MAIN STREET SUITE 101 SHITE 101 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0733238 Not Applicable Zip Country Country \$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 Name VENABLE, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 1400 4TH AVENUE WEST **BRADENTON FL 34205** 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 or medinante of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE HOWIN 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD 1171.5 Delete T:T:,F ☐ Change Addition RIVOLTA, PIERO NAME STREET ADDRESS 1741 MAIN ST., SUITET 101 STREET ADDRESS OITY-ST-ZIP SARASOTA FL 34236 0:TY+S1-ZIP Delete Change Addition T!Ti F ZAGATO, ANDREA 1741 MAIN ST., SUITE 101 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Acdit.on RIVOLTA, MARELLA STREET ADDRESS 1741 MAIN ST., SUITE 101 STREET ADDRESS CITY-S1-ZIP SARASOTA FL 34236 CiTY-ST-ZIP TIT; E ☐ Delete TITLE Change [T] Addition VENABLE, JOSEPH P NAME 1741 MAIN ST., SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP T:T1.E Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 11115 NAME NAME

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 B ock 11 or B ock 12 if changed, or on an attachment with an address, with all others the empowered.

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N Piero Rivolta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 941 954 0355

Date

Daytime Phone #

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