2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000008131 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name LENOX ENTERPRISES, INC. 04-13-2000 90030 011 ***150.00 Principal Place of Business Mailing Address 10242 NW 47TH ST 10242 NW 47TH ST SUITE 33 SUITE 33 SUNRISE FL 33351-7967 SUNRISE FL 33351 3. Mailing Address 2. Principal Place of Business 4700 Hiatus Rd. 4700 Hiatus Ro Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 151 City & State Applied For 4. FEI Number 65-0727816 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SALEH, ANIS N Street Address (P.O. Box Number is Not Acceptable) 1 SE 3 AVE STE 2150 MIAMI FL 33131 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 . DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE D Faul Ramos TITLE Delete RAMOS, RAUL A NAME 4700 Hiatus Rd Suite 151-A 10242 NW 47TH ST. STE 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP Surise F1. 33351 Change Change ■ Addition ☐ Delete TITLE TITLE Tirso Kamos RAMOS, TIRSO 4700 Hiatus Rd Suite 151-A NAME NAME 10242 NW 47TH ST, STE 33 STREET ADDRESS STREET ADDRESS Suncise #1. 33351 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete TITLE MAYOrca Dora Suite 151-A MAYORCA, DORA NAME NAME 10242 NW 47TH ST, STE 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP sun rise Fr. 333 CITY-ST-ZIP SUNRISE FL 33351 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS