FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # P97000033153 1. Entity Name COMMUNICATIONS HARDWARE INTERNATIONAL, INC. 05-12-2002 90663 006 ***150.00 Principal Place of Business Mailing Address 2031 NW 98 TR P O BOX 245398 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address 832 DINAS BLVD Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE RM. City & State City & State 4. FEI Number Applied For 14 cs, FL Pontrala 65-0771604 Not Applicable Zip Country **\$8.75**. Additional.__ 5. Certificate of Status Desired -- -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAZIL, MARCIA Street Address (P.O. Box Number is Not Acceptable) 1971 NW 96 TERRACE APT. M PEMBROKE PINES FL 33024 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRAZIL, MARCIA NAME NAME STREET ADDRESS 2031 NW 98 TR STREET ADDRESS CITY-ST-ZIE PEMBROKE PINES FL 33024 CITY-ST-7IP Diescroe Delete TITLE DIMMOR X Addition ☐ Change BEAZIL, STEPHEN P. 1971 NW 96TH TOKKOC NAME BEAZIL, ST NAME STREET ADDRESS 96TH TOUCOCE STREET ADDRESS Poybloke PINES CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 procedure.

SIGNATURE: