2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINCED NAME O

FILED May 17, 2002 8:00 am Secretary of State DOCUMENT # P97000074647 1. Entity Name AUTOCENTRAL USA, INC. N/C 2/20/02 05-17-2002 90044 002 ***150.00 DEFENSE SYSTEMS INC GENERAL Principal Place of Business Mailing Address 2215 N.W. 36TH STREET 2215 N.W. 36TH STREET MIAM! FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address <u>5255</u> N. FEDERAL N. FEDERAL HOL 5255 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5019E 300 So it € 300 City & State 4. FEI Number Applied For 65-0777456 Not Applicable 75. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MADAN, NORMAN L Street Address (P.O. Box Number is Not Acceptable) 2215 N.W. 36TH STREET MIAMI FL 33142 City Zip Code 8. The above flamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 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 After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State П Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete PRESIDENTE DIRECTOR (9/01) GAMWELL, TIMOTHY B 2215 NW 36TH STREET STREET ADDRESS STREET ADDRESS BOOM FAIGH TENGENDAT 3 396 CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP TITLE Delete TITLE SECRETARY, TREASURER Change NAME DUPUY, EVALDO F NAME ELEANORA FRANCO STREET ADDRESS 444 BIRCKELL AVENUE #805 STREET ADDRESS 5255 N. FEDERAL HUY CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP SUITE SO ☐ Delete TITLE ↑ Chance NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE TREE COLOR Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition 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 of the corporation or the receiver or trustee empowered to execute this report as fequired 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 impowered. 56/213 746 1 SIGNATURE:

Daytime Phone #