2000 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P97000078094 PALM BEACH STEEL, CORP. 04-11-2000 90008 047 ***150.00 Principal Place of Business Mailing Address 19400 W. DIXIE HIGHWAY 19400 W. DIXIE HIGHWAY P.O. BOX 948 P.O. BOX 948 NORTH MIAMI BEACH FL 33180-2215 NORTH MIAMI BEACH FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0779666 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name **KAMRADT, RUSSELL T** 777 SOUTH FLAGLER DRIVE SUITE 900 EAST Han -WEST-PALM BEACH FL 93401 changing its registered office or registered agent, or both, in the State of Florida The above named. SIGNATURE FILE NOW!!! FEE IS \$150.00 rporation 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE MIRON, JULIE NAME NAME 19400 W. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE BAKER, JAMES NAME NAME STREET ADDRESS 6031 SPANISH OAK WAY STREET ADDRESS CITY-ST-ZIP **SPRING TX 77379** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE KERCSMAR, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 785 SPINNACKER COURT CITY-ST-7IP CITY-ST-ZIP SECAUCUS NJ 07094 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

| SIGNATURE | SIGNATURE | Date | Daytone Phone #

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information