2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9700082649 1. Entity Name OVERSEAS SALES OF AMERICA, INC. 04-24-2001 90071 042 ***150 00 Principal Place of Business Mailing Address 11900 BISCAYNE BOULEVARD 11900 BISCAYNE BOULEVARD SUITE 408 SUITE 408 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0786066 Not Applicable \$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 FRANTZ, JEFFREY W * FIDARESS 11900 BISCAYNE BOULEVARD SUITE 408 NORTH MIAMI FL 33181 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition STDP ☐ Delete TITLE TITLE teartz JEffrey W NAME FRANTZ, JEFFREY W NAME 11900 BISCAYNE BOULEVARD STREET ADDRESS 3146 John P. Cureci DRIVE, Bldy 34 Pembrok, POR + H. 33009 Change STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33181 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ 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 ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME 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 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 affective like empowered.

SIGNATURE:

TEST NAMEDIA STUDIES OFFICER OF DIRECTOR

4/20/01 954-986-4703