FOR PROFIT CORPORATION

FILED May 15, 2002 8:00 am

O 1	III OIIIM BOO			, -	,		Secretary	of State		
DOCUMENT # P97000090578							05-15-2002 90082 015 ***150.00			
1. Entity Name	SON HOLDING	55, M	c.							
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DO NOT WRITE IN THIS SPA					ACE					
2. Principal Place of Business 1408 S.W. BTH STREET			3. Mailing Address SAME							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State POMPANO BEACH, FL			City & State SAME			4. F	FEI Number 85-0788518	Applied For Not Applicab	ole	
Zip 3306	ip Country 33069 USA		Zip SAME	Coun	itry ME	the state of the s		\$8.75 Additional Fee Required		
					7. Name and Address of Current Registered Agent		d Agent			
DO NOTAIDITE					36	Name Serchay, Allan				
DO-NOT-WRITE					Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPA			ACE		5310 NW 33 AVE, # 110					
					City F	FT. LAUDERDALE FL Zip Code 3399				
8. The above n	amed entity submits this state	ement for th	e purpose of changing its	egister	ed office or re	gistered ag	ent, or both, in the State of Florida.			
		-	•						}	
SIGNATURE	ignature, typed or printed name of registe	ered agent and	title if applicable. (NOTE	: Registere	d Agent signature	equired when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible January 1 - May							45.00	\neg		
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of			f Stata	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be ☐ Added to Fees	,	
11.		RS AND DIF	L	6 10 10	eparanejit o	1 State			コ。	
TITLE GREBORY S. WILSON			DW / P THU						CR2E034B (12/01)	
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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 increasing 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 on an attachment with an address with all other like empowered.

SIGNATURE:

4-26-02 959-942-6303