2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043332 Feb 04, 2000 8:00 am 1. Entity Name Secretary of State FLOR 1 ONE CO. 02-04-2000 90017 014 ***150.00 Mailing Address Principal Place of Business 5245 S.W. 116TH AVENUE 5245 S.W. 116TH AVENUE **COOPER CITY FL 33325-4864** COOPER CITY FL 33330 2. Principal Place of Business 240 (5. w. 3. Mailing Address 24015. W. 1154 TERTACE 1154/21/10 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0807546APPLIED FOR Applied For Not Applicable BYONO \$8.75 Additional 5. Certificate of Status Desired Nucvo Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLFEANG BINNER, WOLFGANG Box Number is Not Acceptable) 5245 S.W. 116TH AVENUE COOPER CITY FL 33330 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE Delete BINNER, WOLFGANG NAME NAME STREET ADDRESS STREET ADDRESS 5245 S.W. 116TH AVENUE CITY-ST-ZIP COOPER CITY FL 33330 CITY-ST-ZIP ☐ Addition ☐ Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE. NAME 机运输工 点 "这 STREET ADDRESS STREET ADDRESS ·特洛尔,1944,其水层 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

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 a color like the corporation.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR