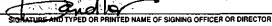
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000048048 May 22, 2000 8:00 am Secretary of State 1. Entity Name SUNSET ONE, INC. 05-22-2000 90061 047 ***150.00 Principal Place of Business Mailing Address 25 SE 2ND AVE., SUITE 729 25 SE 2ND AVE., SUITE 729 MIAMI FL 33131-1602 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0899186 Not Applicable Country \$8.75 Additional Zip -- ___ _Country___ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDLER, TRICIA N Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVE., SUITE 729 MIAMI FL 33131 Zip Code 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) Signature, typed or printed name of registered agent and title if applicable. 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. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE PD ☐ Delete TITLE Change NAME SANDLER, TRICIA N NAME STREET ADDRESS STREET ADDRESS 25 SE 2ND AVE., SUITE 729 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition **VSTD** ☐ Delete TITLE ☐ Change SANDLER, MARTIN L NAME NAME 25 SE 2ND AVE., SUITE 729 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33131 --Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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:



4/28/00

305 379.6655

Daytime Phone #