2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P98000053776** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name CROWN LINEN CORP. 01 OCT -1 PM 1: 13 Principal Place of Business Mailing Address 201 West 23rd St. 201 West 23rd St. Bay 1 Bay 1 Hialeah, FL 33010 Hialeah, FL 33010 2. Principal Place of Business 3. Mailing Address 201 West 23rd St. 201 West 23rd St. Suite, Apt. #, etc. Suite, Apt. #, etc. REAL STREET Bay 4 Bay 4 City & State Hialeah, Florida City & State FEI Number 65-0843545 Hialeah, Florida Country Country \$8.75 Additional 5. Certificate of Status Desired 33010 33010 U.S.A. U.S.A. Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Etchevarne, Claudio_ Medina, -Reynold---Street Address (P.O. Box Number is Not Acceptable) 201 West 23rd St. 201 West 23rd St. Bay 1 Bay 4 Hialeah, Florida 33010 [₹]33010 Hialeah 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. Claudio Etchevarne (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)-PVD- 🞦 Delete Addition TITLE TITLE PVD Change NAME NAME Medina, Reynold Etchevarne, Claudio 201 West 23rd St., Bay 4 STREET ADDRESS STREET ADDRESS 201 West 23rd St CITY-ST-ZIP CITY-ST-ZIP Hialeah, Florida 33010 Hialeah, FL TITLE ☐ Delete TITLE ☐ Change Addition 600004639816--4 -10/17/01--01052--014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****300.00 -- *****300-100 TITLE -Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🧦 ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 all other like empowered.

Claudio Etchevarne

SIGNATURE: 2

CIdadio Ecchevarr

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-01 (30x)371-3777