DOCUMENT # 198000063602 - Lentity Name KAV VENDING, INC.			FILED May 19, 2000 8:00 an Secretary of State	
18845 SW95 QUENUE	18845 SD 95	AVENUE		
MIAMI, FL 33157	MIAMI, FI			
2. Principal Place of Business	3. Mailing Address		<u>.</u> .	
·				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>,</u>	DO NOT WRITE IN THIS SPACE	
City & State	City & State		44. FEI Number Applied For Not Applied For Not Applied For	
Zip Country	Zìp	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
			ss (P.O. Box Number is Not Acceptable)	
		City	Zip Code	
8. The above named entity submits this statement 6	or the purpose of changing its	s registered office or regis		
			4/10/00	
SIGNATURE CARL KATNOOL Signature typed or project name of registered Gen		E: Registered Agent signature requ		
9. Trils corporation is eligible to sausty its intangiol Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of S	PROPERTY INSTRUME CONTINUES.	
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT TREASURE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT TREASURE CARL RATMOOLIE STREET ADDRESS (18845 SW 95 QUENUE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE VICE PRESIDENT SECR NAME KAMINI TG. KAJMOOI STREET ADDRESS 18845 SW 95 AVEN	NE NE	TIFLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS	☐ Deligië	TITLE NAME STREET ADDRESS	. Change Addition	
CITY- ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME	☐ Delete	CITY-ST-ZIP TITLE NAME	. Change Addition	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleiz	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
13. (hereby certify that the information supplied w	t is true and accurate and that apowered to execute this tebo	for the exemption stated in t my signature shall have into as required by Chapter	in Section 119.07(3Xi), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNATURE: CARL RE	TMOOLIE CALL IR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	4\10\00 Date Dayline Phone #	