FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P98000088829 DOCUMENT # 1. Entity Name 05-23-2002 90057 045 ***158.75 TWS BROKERAGE, INC. Mailing Address Principal Place of Business 8501 N.W. 17 STREET, #127 8501 N.W. 17 STREET. #127 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address <u> 6701 NW 7th Street</u> 6701 NW 7th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u> Hrit 100</u> Unit 100 City & State Applied For City & State 4. FEI Number 65-0874629 Not Applicable <u>Liami. Florida</u> Miami, FI Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required USA 53126 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nathan Wannamacher Street Address (P.O. Box Number is Not Acceptable) 6701 NW 7th Street WANNEMACHER, NATHAN 8501 N.W. 17 STREET, #127 MIAMI FL 33126 Unit 100 Zip Code Miami anging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpos SIGNATURE 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition X Change TITLE TITLE □ Delete WANNEMACHER, ANA NAME NAME 8501 N.W. 17 STREET, #127 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP VPSD · Delete Addition TITLE VSD WANNEMACHER, NATHAN NAME NAME Wannamacher, Nathan 8501 N.W. 17 STREET, #127 STREET ADDRESS STREET ADDRESS 6701 NW 7th Street, Unit 100 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change ☐ Addition □ Delete TITI F TITLE

NAME NAME STREET ADDRESS **STREET ADDRESS** CITY-ST-7IE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 opont 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

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