2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POSOO 1007 84 SEGRETARY OF STATE DIVISION OF CORPORATIONS EWE WAKEHOUSE INVESTMENTS IN Inc. 00 JUN 22 AM 9: 05 Principal Place of Business Hollywood, FI 32021 ZOO THET STREET Hollywood, Fl 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied:For ~ City & State City & State 4: FEL Number Not Applicable **\$8.75** Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDELSON, VICTOL HE. Name Street Address (P.O. Box Number is Not Acceptable) Hollywood, F1 33021 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. VECTOR H. SIGNATURE DATE FILE NOWILL FEE IS \$150.00 9. Triis 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ ☐ Addition TITLE ☐ Delete Ilwin THOMAS S 3000 TAFT STREET NAME NAME 600003203916--0 -04/11/00--01101--001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hollywood, El 33021 CITY-ST-7IP ***4050.00 **** ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 Change Addition TITLE ☐ Delete 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 all other like empowered. Irwin 3/27

SIGNATURE: