2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P98000104790 MAG INNOVATIONS, INC 04-20-2001 90164 022 ***150.00 Mailing Address Principal Place of Business 1175 NW 124TH AVE. 3026 LAKEWOOD DT MIAMI FL 33182 WESTON FL 33332 2. Principal Place of Business 3. Mailing Address 3026 Lakewood DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0882305 Not Applicable LIVESTON Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURBAY, AILIN Street Address (P.O. Box Number is Not Acceptable) 608 NW 57TH AVE. MIAMI FL 33126 Zio Code City 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 DATE 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, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Delete ☐ Addition ☐ Chance TITLE TITLE GUTIERREZ, IVAN HECTOR NAME NAME STREET ADDRESS 1175 NW 124TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33182 Change SECRETARY TREASURES TITLE ☐ Addition ☐ Delete TITI F JAMES CUETIS SNYDER CURTIS SNYDER, JAMES NAME NAME 3026 LAKE WOOD DRIVE 3026 LAKEWOOD DRIVE STREET ADDRESS STREET ADDRESS WESTON, PL. 33332 CRO/PRESIDENT CITY-ST-ZIP CiTY-ST-ZIP WESTON FL 33332 Addition Change ☐ Delete TITI F ERIC JAMES SNY DER 3026 LAKEWOOD DRIVE NAME 'NAME' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Weston . 76. 33332 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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.

SIGNATURE:

4-15-01 Date

CR2E034 (10/00)