2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P9900008311 A. D. V. FOODS INC. 04-26-2001 90001 016 ***150.00 Principal Place of Business Mailing Address 10800 N. MILITARY AVE. 10800 N. MILITARY AVE. PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410 644285 2. Principal Place of Business 3. Mailing Address 1281 N. OCEAN DR. Suite, Apt. #, etc. 1281 N. OCEAN DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 153 City & State 4. FEI Number Applied For 65-0897619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUARLE VENNARI, ALEXANDER D 10800 N. MILITARY AVE. PALM BCH GARDENS FL 33410 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DENNAND ALEXANDER D 1241 M. OCEAN DR # 133 SMYER ISLAND FR 33404 TITLE ☐ Delete TITLE Change VENNARI, ALEXANDER D NAME 10800 N. MILITARY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change 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 TITLE TITLE ☐ Delete ☐ Change Addition . NAME NAM≅ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

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CRZE