2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000051327 Aug 22, 2000 8:00 am Secretary of State 1. Entity Name A V R, INC. 05-24-2000 90143 005 ***150.00 Principal Place of Business Mailino Address 5347 SW 25TH ST PO BOX 3906 HOLLYWOOD FL 33023 HOLLYWOOD FL 33083 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Nothapileable Zin Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALDWIN, ALTON G SR 2420 SW 58TH AVE HOLLYWOOD FL 33023 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CHAIRMAN TITLE Addition TITLE Delete BELL NAME BALDWIN, ALTON G SR NAME STREET ADDRESS 2420 SW 56TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 10/1/w.80d Addition DS Delete TITLE DIRECTOR Change NAME KINNEL, VERNARD NAME MW. GAR STREET ADDRESS STREET ADDRESS 1831 NW 28TH AVE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33311 Delete 1/III Addition TITLE JENKINS, ROSALIE NAME NAME 59045, W. 25 STREET ADDRESS 5347 SW 25TH ST STREET ADDRESS CITY-ST-Z/P CITY-ST-ZIP HOLLYWOOD FL 33023 --□ Change - Ø Addition TITLE Deleta -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition - J Delete -TITLE TITLE NAME CONTACT 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 to 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 chapter or an attachment with an address, with all other like empowered.

SIGNATURE:

SOUNDAIN DE EXAMPA DE PARTIE DE LA PROPERTIE D

7/12/00

954) 893-9351