AUVU UKIFUMM HUJIMLIJI MEFUNI ĮUDN

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P99000063657** 1. Entity Name **CW&E FRANCHISE CORP** 01-24-2000 90045 011 ***150.00 Principal Place of Business Mailing Address 8480 NORTHWEST SETH STREET 8480 NORTHWEST SETH STREET MIAMI FL 33166-3327 MIAMI FL 33166 2. Principal Place of Business 1-1926 SW Sth Street 3. Mailing Address 11926 SW 8 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 093 888 0 Applied For City & State MIAMI, FL MIAMI, FL Not Applicable Country Country \$8.75 Additional 33184~1671 33⁷⁹84-1671 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASKOWITZ, GERALD N Street Address (P.O. Box Number is Not Acceptable) 8480 NORTHWEST 56TH STREET MIAMI FL 33166 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE Delete TITLE NAME MACBROOM, CLIFFORD NAME STREET ADDRESS 11200 ORANGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Davie FL 33330 ☐ Change ☐ Addition ☐ Delete TITLE ASKOWITZ, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 12101 S.W. 93RD AVENUE CITY.ST-7IP CITY-ST-ZIP MIAMI FL 33176 ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADORESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR