AMENDING ZOOO 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900063723 1. L. D. Group corporation 00 JUN -2 AH 10:54 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 5432 N.E 21st ferrage 5432 NE 21st terr. Fontland, Fl 33308 Fort Land, FU 33308 3. Mailing Address 2. Principal Place of Business 3042 N. Federal H 3042 N. Fidenal Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number tont 1 Not Applicable tont 65-09 Country \$8.75 Additional Zip 5. Certificate of Status Desired 33301 A2U U27 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Freance Danan Street Address (P.O. Box Number is Not Acceptable) 1. Federal Huy 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 FILE NOWIN 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, 2000 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. Change A Delete TITLE Danan Patrick Danan Marie France NAME NAME 3042 N. Fadence Husy # 200 STREET ADDRESS 3042 N. Frderice Huy STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Font Canderdole, Fl au don dale ☐ Addition TITLE ☐ Change TITLE NAME Donun, Marie France NAME STREET ADDRESS STREET ADDRESS 3042 N. Federal Huy# 200 CITY-ST-ZIP CITY-ST-ZIP Fort Lundardele Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change 5 1 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-7IP 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. Murther 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 ment with an address, with all other like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OFFICER OR

SIGNATURE: