2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 199000066861 May 11, 2000 8:00 am Primo Graup. Lemited, Inc. **Secretary of State** 05-11-2000 90077 014 ***150.00 Principal Place of Business Mailing Address Pout Landeralde Principal Place of Business 3. Mailing Address 3042 N. Federal Huy 3042 N. Federal Huy 042 _{N.u} Suite, Apt. #, etc. 200 DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-093658*5* Not Applicable Fort Laudordde \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -Ran Spreggel a Utnerza. Street Address (P.O. Box Number is Not Acceptable) Almeria Ave. Laudeordale, Fb 33134 8. The above named doubt submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 1> D. **⊠** Detete PD Change . Addition TITLE TITLE PUTO, Franklin H Ptite Franklin . NAME NAME 3042 N Federal Huy # 200 Font Landon dele FU 333 STREET ADDRESS TOS SE Zud CT. STREET ADDRESS FU 33306 CITY-ST-ZIP CITY-ST-ZIP Fort land, Fb 33301 V . D . TITLE TITLE Touitou, Olivers. Touitou, Oliver S. NAME NAME 2042 N. Federal Huy # 200. 3042 N. Frederick Huy # 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Font landende Fort landende CITY-ST-ZIP Addition Delete TIΠF TITLE elouche Monc A. Lo Mourche Hanc A 3042 N. Fadouce Hwy # 200 STREET ADDRESS 3042 N. Fodonce Huy # 200 STREET ADDRESS Font laudorable \$133 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY + ST - ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 supplied ental 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 by trusfee 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 DIRECTO