2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P99000090284 ROSSO INVESTMENT, INC. 02-05-2000 90014 033 ***150.00 Principal Place of Business Mailing Address 2200 NORTH FEDERAL HIGHWAY 2200 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-2230 115410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not 4: Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD Change ■ Addition TITLE Delete LAROSE, PIERRE P NAME STREET ADDRESS STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change Addition ☐ Detete TITLE TITI F COOK, LOUISE R NAME NAME STREET ADDRESS STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change □ Additior ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 receive 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

01-31-00 954-929-227

Daytime Phone #