2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000091741 1. Entity Name CONTINUUM INVESTMENTS, INC. 05-02-2001 90022 049 ***150.00 Mailing Address Principal Place of Business 1575 NW 14TH STREET 1575 NW 14TH STREET MIAMI FL 33125 MIAM! FL 33125 cipal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number & State 65-0991642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAIBISCH, RUSSELL M Street Address (P.O. Box Number is Not Acceptable) 1575 NW 14TH STREET MIAMI FL 33125 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Addition Change PD ☐ Delete TITLE TITLE NAME FAIBISCH, RUSSELL NAME STREET ADDRESS STREET ADDRESS 1575 NW 14TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 Addition TITE ☐ Delete VPD TITLE NAME FAIBISCH, CHARLES NAME STREET ADDRESS STREET ADDRESS 1575 NW 14TH-STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ 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

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

305-381-7043

Daytime Phone