2000 UNIFORM BUSINESS REPORT (UBR) 6/2 FILED DOCUMENT # P99000099614 Jul 21, 2000 8:00 am Secretary of State KOSHERICA CRUISES, INC. 06-29-2000 90397 010 ***150.00 Principal Place of Business Mailing Address 4100 NORTH HILL DRIVE 4100 NORTH HILL DRIVE HOLLYWOOD FL 33021-2424 HOLLYWOOD FL 33021 2. Principal Place of Business Mailing Address 2699 2699 Stirl. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 2-4-5 Applied For City & State City & State 4. FEI Number 0960524 65-Not Applicable 0 t ⇒\$8:75 Additional 5. Certificate of Status Desired 2331 233 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LASKO Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE--- --CORAL GABLES FL 33134 Zip Çode City Rus FI for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statemy SIGNATURE Signature, typed or printed n FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to de so. 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 12. OFFICERS AND DIRECTORS 11. (66/6) Change Addition TITLE **PSTD** Delete TITLE ZL99 STIRLING RO NAME SHIFMAN, OFFY A NAME SU ITE STREET ADDRESS STREET ADDRESS 4100 NORTH HILL DRIVE under, Fra 33312 **6405** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE TITLE **VD** Delete NAME NAME LASKO, SAMUEL H 1, STREET ADDRESS STREET ADDRESS 4100 NORTH HILL DRIVE CITY_ST-ZIP CITY-ST-ZIP HOLLYWOOD FL-33021 Change noillibba [Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP == ☐ Change Addition Delete TIDE NAME -STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies with this filling does not qualify for the estription stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is trye and accurate and that my signifure 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 empoyered to execute this report as reculied by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an application of the receiver of the corporation of the corporation or the receiver or trustee empoyered to execute this report as reculied by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

DOC# P99000099614

Kosherica Cruises

2699 Stirling Road, Suite C-405 Fort Lauderdale, Florida 33312 954-894-6000/ Fax 954-894-0993

July 17, 2000

This is a response to a letter we received from you, written July 7, 2000. In the letter, it was stated that our FEI number was invalid and I was advised to call the Internal Revenue Service. In doing so, I was informed that the number we gave you was correct, and we should write a letter to you telling you so. The number again is 65-0960524. If there are any further questions or problems please feel free to contact us at 954-981-4720.

Thank you in advance for clearing up this error.

Sincerely,

Offy Shifman President

Samuel Lasko Vice-President