FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S16542 (0)COPE CONSULTING CORP. Principal Place of Business Mailing Address 9660 NW 39TH ST. 5900 JOHNSON STREET COOPER CITY FL 33024 SUITE 217 HOLLYWOOD FL 33021-5638 3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1990 03/24/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0232257 Not Applicable Suite. Apt. #, etc. Suite, Apt. ⊭, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUGG, JOHN B Street Address (P.O. Box Number is Not Acceptable) 82 9660 NW 39TH ST COOPER CITY FL 33024 83 84 City 85 Zip Code FL11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE DATE Syruthor lyped or pools, I can extragator Tagran or i thront applicable (NOTE: Regelered Agent signal are required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSD** 122 mue DELETE 1.1 TIME Add-tion SUGG, JOHN B. NAME E034 (1.2 NAME 9660 NW 39 ST. STREET ADDRESS 1.3 STREET ADDRESS COOPER CITY FL CITY - ST - Z/F 1.4 City - St - ZiP TITLE TVPD DELETE 2 1 TITLE Channe Addition SUGG, EMILY NAME 2.2 NAME STREET ADDRESS 9660 NW 39TH ST. 2.3 STREET ADDRESS **COOPER CITY FL** CITY-ST-ZIP 24 CHY-ST-7-P Tritle DELETE 3 1 Table Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - \$1 - ZIF T:TLE DELETE 4 1 TITLE ☐ Change Addition NAMÉ 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHTY ST-ZIP THEF DELETE 5 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST-ZIP THILE DELETE 6.1 UT: F Change Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is volunturily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or his receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an application of the corporation or the corporation or the same properties.

6.3 STREET ADDRESS

6.4 C:TY - ST - Z:P

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

15. ALLES JOHN B. Suga

4-7-96 954-614-0524