2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$84212** May 15, 2000 8:00 am Secretary of State FLORIDA MLD; INC. 10 10 10 10 11 05-15-2000 90187 010 ***150.00 Mailing Address Principal Place of Business 4565 NORTH OCEAN DRIVE 4565 NORTH OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308-3679 LAUDERDALE BY THE SEA FL 33308 UYEOUUUN 3. Mailing Address 9250 W.ATLANTIC BLV9 Principal Place of Business & BLVD Suite, Apt. #, etc. 4 928 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0306203 SPRINGS Not Applicable Country BROWNED \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEOPOLD DANICO LEOPOLD, DANILO Street Address (P.O. Box Number is Not Acceptable) 4565 NORTH OCEAN'DRIVE LAUDERDALE BY THE SEA FL 33308 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Addition ☐ Delete TITLE TITLE LEOPOLD, MIRJANA NAME 9250 W. ATCANTIC BLUD # 928 CORAL SPRINGS FL 33071 STREET ADDRESS 4565 N. OCEAN DR. STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP" ☐ Delete TITLE TITLE LEOPOLD, DANILO NAME NAME 9250 W.ATLANTICBLUD#928 DORAL SPRINGS FL 33071 STREET ADDRESS STREET ADDRESS 4565 N. OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 Change Delete TITLE TITLE NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 an other like propowered.

SIGNATURE: