2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # \$99448** 1. Entity Name DUFOUR ENTERPRISES, INC. 4-26-2001 90292 005 ***150.00 Principal Place of Business Mailing Address 330 NW 25TH CT. 330 NW 25TH CT. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0297646 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIDLER, MARIE-PAULE Street Address (P.O. Box Number is Not Acceptable) 330 NW 25TH CT. POMPANO BEACH FL 33064 Zip Code 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 app-cable (NOTE Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Addition Change NAME DIDLER, MARIE-PAULE NAME STREET ADDRESS 330 NW 25TH CT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition DIDLER, PAUL NAME STREET ADDRESS 330 NW 25TH CT STREET ADDRESS CITY-ST-ZIF CITY - S1 - ZIP POMPANO BEACH FL 33064 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 11TLE ☐ Delete TaTS F ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR