FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2000 8:00 am Secretary of State DOCUMENT # V04981 1. Entity Name HAPPY POOLS, INC. 09-13-2000 90059 001 ***150.00 Principal Place of Business Mailing Address 3740 S.W. 32ND ST. 3740 SW 32 ST A0077700 HOLLYWOOD FL 33023 HOLLYWOOD FL 33073 2. Principal Place of Business 3. Mailing Address 650 N Sta 6180 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0305962 embroke Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hemin ictor FERMIN, VICTOR Street Address (P.O. Box Number is Not Acceptable) 3740 S.W. 32 ST HOLLYWOOD FL 33023 Zip Code **3302**7 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. 12. DPS Change TITLE ☐ Delete TITLE DP3 ☐ Addition FREMIN, VILLO FERMIN, VICTOR NAME NAME 16/80 Sw1445. STREET ADDRESS STREET ADDRESS 3740 S.W. 32 ST CITY-ST-ZIP CiTY-ST-ZIP Pembrake pines Fl 33027 HOLLYWOOD FL Delete TITLE ☐ Addition TITLE Feamin, victor NAME FERMIN, VICTOR NAME 16180 5W 14thst. STREET ADDRESS STREET ADDRESS 3740 S.W. 32 ST. CITY-ST-7IP CITY-ST-7IP m broke HOLLYWOOD FL TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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.

SIGNATURE:

CR2E034