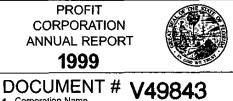
1999

WESTERN POINTS, INC.

1712 N 16 COURT SUITE B

HOLLYWOOD FL 33020

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90081 004 ***150.00



| Principal Place of Business | Mailing Address | | | | | |
|---|---|---------|---|------|--|--|
| P.O. BOX 22-4011 HOLLYWOOD FL 33022-4011 US | P.O. BOX 22-4011 HOLLYWOOD FL 33022-4011 US | 1 | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/10/1992 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied Fo | or | | |
| 21 | 26 | | 65-0347783 Not Applic | able | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additions Fee Required | al | | |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip Country | / Zip Cou | intry | 8. This corporation owes the current year Intangible Personal Property Tax. Yes | | | |
| | ss of Current Registered Agent | 1 | 10. Name and Address of New Registered Agent | | | |
| VOGEL ESTHER | | 81 Name | | | | |

84 City Zip Code 11. 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 office or 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

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Street Address (P.O. Box Number is Not Acceptable)

| agent. I am ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
|---|--|-------------------------------|-------------------------------------|------------------------|----------------------|--------------|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and | title if applicable. (NOTE: F | Registered Agent signature required | when reinstating) | DATE | | | | |
| 12. | OFFICERS AND D | DIRECTORS | 13. | ADDITIONS/CHANGES TO O | FFICERS AND DIRECTOR | RS IN 12 | | | |
| TITLE | P | [] DELETE | 1,1 TITLE | <u> </u> | ☐ Change | ☐ Addition (| | | |
| NAME | Vogel, esther | | 1.2 NAME | | | 1 | | | |
| STREET ADDRESS | P.O. BOX 22-4011 N/A | | 1.3 STREET ADDRESS | | |] | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | VP | DELETE | 2.1 TITLE | | ☐ Change | Addition | | | |
| NAME | POINTS, VICTOR | | 2.2 NAME | | | Ì | | | |
| STREET ADDRESS | P.O. BOX 22-4011 N/A | | 2.3 STREET ADDRESS | | | } | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 2.4 CITY-ST-ZIP | | | | | | |
| TITLE | 1 | DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition | | | |
| NAME | | | 3.2 NAME | | | Ì | | | |
| STREET ADDRESS | J. | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | | (DELETE | 4.1 TITLE | | Change | Addition | | | |
| NAME ' | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | • | | 4.3 STREET ADDRESS | | • | | | | |
| CITY-ST-ZIP | <u> </u> | | 4.4 CITY-ST-ZIP | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change | ☐ Addition | | | |
| NAME | ` | | 5.2 NAME | | | | | | |
| STREET ADDRESS | · | | 5.3 STREET ADDRESS | | | ļ | | | |
| CITY-ST-ZIP | δ | | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition | | | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | 1 | | 6.3 STREET ADDRESS | | | | | | |
| | 1 | | 64 CITY-ST-ZIP | | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on applicachment with an address, with a other like empowered.

SIGNATURE: