2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725122

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90063 008 ****61.25

1. Entity Name

CRYSTAL HOUSE, INC.

Principal Place of Business	Mailing Address
5055 COLLINS AVENUE MIAMI BEACH FL 33140	5055 COLLINS AVENUE MIAMI BEACH FL 33140-2754

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1460459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANCELL, PETE 5055 COLLINS AVENUE MIAMI BEACH FL 33140	Name: S.G. WELSH Street Address (P.O. Box Number is Not Acceptable): 5055 COLLINS AVENUE City: MIAMI BEACH FL Zip Code: 33140

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: S.G. Welsh DATE: 3/15/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FERNANDEZ, GUSTAVO 5055 COLLINS AVE MIAMI BCH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT WISE, JOSE 5055 COLLINS AVE. #3-F MIAMI BEACH, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DRIBIN, ALBERT 5055 COLLINS AVE MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FERNANDEZ, GUSTAVO 5055 COLLINS AVE. #11-C MIAMI BEACH, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HABER, ARNOLD 5055 COLLINS AVE MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CAMPOS, MIGUEL 5055 COLLINS AVE. #12-L MIAMI BEACH, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DON, NICOLAS 5055 COLLINS AVE MIAMI BCH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERNHELL, JOSHUA 5055 COLLINS AVE MIAMI BCH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANZIS, SIDNEY 5055 COLLINS AVE MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gustavo Fernandez 305-865-5776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GUSTAVO FERNANDEZ PRESIDENT