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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 02, 2001 8:00 am **DOCUMENT # 848167** Secretary of State S.E. JAIMES INGENIEROS ASOCIADOS COMPANIA ANONIM 05-02-2001 90088 042 ***150.00 Principal Place of Business Mailing Address AV ANDRES BELLO. ED FL PALACE PISOF -7 AV ANDRES BELLO, ED FL PALACE PISOF -7 P.O. BOX 80260 P.O. BOX 80260 CARACAS, VENZUELA 1080 CARACAS, VENZUELA 1080 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 NOT APPLICABLE 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 CASTRO, CARLOS A. E. Street Address (P.O. Box Number is Not Acceptable) C/O DIANA SALUDES 2 SOUTH BISCAYNE BLVD., 30TH FLOOR MIAMI FL 33131 City 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 applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Change Addition TITLE Delete TITI F JAIMES, SIMON EDUARDO NAME NAME FLA.PALACE BLDG, 2ND FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 CARACAS, VENEZUELA ☐ Addition ☐ Change TITLE ☐ Delete TITLE JAIMES, LIGIA BONILLA NAME NAME FLA.PALACE BLDG, 2ND FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8 CARACAS, VENEZUELA ☐ Change Continuation TITLE ☐ Delete TITLE JAIMES, SHIRLEY NAME NAME AV ANDRES BELLO, ED. FLORIDA PALACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS VE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE 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-ZIP 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 his 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO