FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-23-2001 91162 013 ***158.75 LEYBROS INVESTMENTS CORP. Principal Place of Business Mailing Address 6950 N.W. 77TH CT. 6950 N.W. 77TH CT. MIAMI, FL. 33166 MIAMI, FL. 33166 770938 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0016393 9-11-87 Not Applicable Zip Country 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 MRS. HILDA LEYVA Street Address (P.O. Box Number is Not Acceptable) 6950 N.W. 77TH COURT MIAMI, FL. 33166 Zip Code City FL 8. The above named antity sylbmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4-27-01 SIGNATURE DATE FILE NOWIN FEE 19 \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling 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 Sta 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ☐ Delete TITLE ☐ Change ☐ Addition PD NAME NAME GIRALDO LEYVA STREET ADDRESS STREET ADDRESS 6950 N.W. 77TH COURT MIAMI FL.3316 CITY-ST-ZIP CITY-ST-ZIP TITLE V.P. ☐ Detete Change ☐ Addition MARKE NAME AURELIO LEYVA STREET ADDRESS STREET ADDRESS 6950 N.W. 77TH COURT CITY-ST-7IP CITY-ST-7IP TITLE **SECRETARY** ☐ Delete TITLE ☐ Change ☐ Addition HALF MRS. HILDA LEYVA NAME STREET ADDRESS STREET ADDRESS 6950 N.W. 77TH COURT MIAMI, FL. 33166 CITY-ST-ZIP CITY-ST-7P TITLE TREASURER ☐ Delete TITLE ☐ Chance Addition HAME MARKE MR. GIRALDO LEYVA JR. STREET ADDRESS STREET ADDRESS 6950 N.W. 77TH COURT CITY-ST-ZIP CITY-ST-20P TITLE ☐ Delate TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-SY-ZM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALIF STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 peopt 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. 4-27-01 SIGNATURE:

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR