2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P00000116696 LUSIDA CORPORATION 05-15-2001 90017 043 ***150.00 Principal Place of Business Mailing Address 15286 SW 104 STREET STE #218 15286 SW 104 STREET STE #218 MIAMI FL 33196 MIAMI FL 33196 654758 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 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 GONZALEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 15286 SW 104 STREET STE #218 MIAMI FL 33196 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, 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 40. 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 A (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME GONZALEZ, CARLOS NAME STREET ADDRESS 15286 SW 104 STREET STE #218 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 6/01/12 ZABATA . OR ☐ Delete TITLE 📗 NAME STREET ADDRESS STREET ADDRESS MIAM 1, FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME ESTELLA NEGRET NAME 15286 SW 104 St \$218 STREET ADDRESS STREET ADDRESS Miami FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee emp changed, or on an attachment with an address I other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR