2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2 Factor anney. Proceeding of Signature and typed or printed name of Signing Officer on Director

May 06, 2002 8:00 am Secretary of State P01000001810 DOCUMENT # MIAMI EXPO/SHOW PRODUCTION, INC. 05-06-2002 90041 023 ***150.00 Principal Place of Business Mailing Address 14725 S W 153RD PLACE 14725 S W 153RD PLACE MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address SAHE 3876 SW 112 AVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE # 188 City & State 4. FEI Number Applied For Miauci 65-1066866 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired MIAMI-DADE 33165 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITA VIANNEY VELAZQUEZ, .ERIK - 71 Street Address (P.O. Box:Number is Not Acceptable) 14725 S W 153RD PLACE 3876 SW 112 AVE # 188 **MIAMI FL 33198** Zip Code 33/65 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. 4-22-02 DATE (NOTE: registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. TITLE Delete Vianney, Rita 3876 SW 112 AUE #188 velazquez, erik NAME NAME 14725 S W 153RD PLACE STREET ADDRESS STREET ADDRESS Miami FL 33196 CITY-ST-ZIP MIAM FL 33165 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME 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 ☐ Addition TITLE ☐ Delete 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED