2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P93000078122 1. Entity Name CORPORATE CREATIONS INTERNATIONAL INC. 04-24-2000 90144 035 ***150.00 Principal Place of Business Mailing Address 8895 NORTH MILITARY TRAIL 8895 NORTH MILITARY TRAIL #202D #202D PALM BEACH GARDENS FL 33410-6277 PALM BEACH GARDENS FL 33410 US US 3. Mailing Address 2. Principal Place of Business P6A 4521 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 世21 Applied For 4, FEI Number 65-0448757 each Gardens Fl Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES INC Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET, #200 MIAMI BEACH FL 33139 Zip Code City F١ 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 A BUTCHELL SPATELIFF - MPT F. Signature, typed or printed name of registered agent and title if applicable 9. This comporation 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DC **DPTS** ... Addition TITI F Change TITLE ☐ Delete RODRIGUEZ, FRANK A NAME NAME STREET ADDRESS STREET ADDRESS 8895 N MILITARY TRAIL #202D CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 by 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 exprowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

oy Chapter 60%, Frank Rodrigue 2 CED

4/17/00

(361) 694-8107 CR2Fn34 /9/99