2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am s Secretary of State DOCUMENT # P94000053366 05-15-2001 90068 021 ***150.00 COSTA TROPICALS INC. Principal Place of Business Mailing Address 650 N.W. 43RD AVE. 650 N.W. 43RD AVE. 975580 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0504132 Not Applicable Zip Country Zip Country \$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 CHANTO, RANDALL Street Address (P.O. Box Number is Not Acceptable) 1960 ALAMADA DR. N. MIAMI FL 33181 City Zip Code 9. 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITI F CHANTO, JOSE L NAME NAME 1960 ALAMADA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL 33181 ☐ Change Addition ☐ Delete TITLE TITLE CHANTO, RANDALL NAME NAME STREET ADDRESS STREET ADDRESS 1960 ALAMADA DR. CITY-ST-ZIP CITY-ST-ZIP-N. MIAMI FL 33181 ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 eath; 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

SIGNATURE:

with an address, with all other like empowered.

FILED