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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am P95000072371 DOCUMENT # Secretary of State 1. Entity Name 01-24-2002 90372 038 ***150 00 INVERSIONES PROYECCION CORPORATION Principal Place of Business Mailing Address____ 10605 S.W. 7TH TERRACE 10605 S.W. 7TH TERRACE **MIAMI FL 33174** MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0612650 Not Applicable Zip Country 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 Name ALVIAR, CESAR Street Address (P.O. Box Number is Not Acceptable) 10605 S.W. 7TH TERRACE MIAM#L 33174 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 Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE DE ALVIAR, MARIA M NAME NAME STREET ADDRESS 10605 SW 7TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33174 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ALVIAR, CESAR NAME STREET ADDRESS STREET ADDRESS 10605 SW 7TH TERRACE CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME ALVIAR, JUAN P STREET ADDRESS 10605 SW 7TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL 33174_ Change Addition ☐ Delete TITLE D NAME ALVIAR, CESAR A STREET ADDRESS STREET ADDRESS 10605 SW 7TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME ALVIAR, JOSE D STREET ADDRESS STREET ADDRESS 10605 SW 7TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Change Addition TITLE TITLE ☐ Delete 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 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.

SIGNATURE:

SIGNATUJE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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