2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P97000010435 A&M PROPERTY HOLDINGS, INC. 04-17-2001 90149 008 ***150 00 Principal Place of Business Mailing Address 7495 NW 7TH STREET 7495 NW 7TH STREET MIAMI FL 33126 MIAM! FL 33126 US U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0736062 Not Applicable Zip 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 RAYON, AURORA Street Address (P.O. Box Number is Not Acceptable) 7495 NW 7TH STREET **MIAMI FL 33126** City Zip Code FL 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) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPS** TITLE ☐ Delete TITLE Change Addition RAYON, AURORA NAME NAME STREET ADDRESS 7492 NW 7TH STREET #1 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP **VPSD** TITLE ☐ Delete ☐ Change ☐ Addition NAME RODRIGUEZ, MIGUEL NAME 7495 NW 7TH STREET #1 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP MIAMI FL 33126 ----CITY_ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, MIGUEL NAME STREET ADDRESS 7495 NW 7TH STREET #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

13. I hereby certify that the information supplied with this filling 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 eceiver 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.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

City-St-ZIE

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

4/10/01

305-267-3144

Daytime Phone #

☐ Change

Addition