FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # P98000028435 **Secretary of State** ENGEL PUBLISHING, INC. 02-15-2001 90102 036 ***158.75 Principal Place of Business Mailing Address 14350 SOUTHWEST 32ND TERRACE 14350 SOUTHWEST 92ND TERRACE MIAMI FL 33186 MIAMI FL 33186 PULTAN 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 65-0823178 Applied For Not Applicable ~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 CONSTANTINE, KARINA Street Address (P.O. Box Number is Not Acceptable) 14350 SW 92ND TERR **MIAMI FL 33186** City 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. (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 filling 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 11. OFFICERS AND DIRECTORS TITLE TQ 9 Change Addition TITLE CONSTANTINE, KARINA 14350 SW 92nd Terrace CONSTANTINE (KANNA) NAME NAME STREET ADDRESS 14350 SOUTHWEST 92ND TERRACE STREET ADDRESS 14350 CITY-ST-ZIP CITY-ST-ZIP 33186 MIAMI FL 33186 Miami SVD SVTD Delete Change . ☐ Addition TITLE TITI F DAVIS, LARRY NAME DAVIS, LAWRENCE NAME SW 92nd Terrace STREET ADDRESS 14350 SOUTHWEST 92ND TERRACE STREET ADDRESS 14350 CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Miami 33186 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-7IP TITLE ☐ Delete TITLE Change Addition 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: NOTCH LAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 (305)382 5417