2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 08, 2000 8:00 am **BOCUMENT** # P99000006710 **Secretary of State** 1. Enaity Name 06-08-2000 90032 039 ***150.00 BIMER CORP. Principal Place of Business Mailing Address 1420 Brickell Bay Drive #1503 Miami, Florida 33131 00060625 2. Principal Place of Business 3. Mailing Address Miami, Florida -same as above Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. same as above same as above City & State City & State 4. FEI Number Applied For same as above same as above Not Applicable ^{Zip} same Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Miami-Dade same Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOLANDA MORALES same 300 Aragon Avenue, Ste. 250 Street Address (P.O. Box Number is Not Acceptable) Coral Gables, Fl. 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 _ (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 reddirement and elects to do so. After MAY 1, 2000 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 Maretica/Rest./Toucs TITLE ☐ Change TITLE ☐ Delete ELIASSWATED D/P/T The second secon NAME NAME 1420 Brickell Bay Drive # 1503 STREET ADDRESS STREET ADDRESS Miami, Fl. 33131 CITY-ST-7IP CITY-ST-ZIE um souce/ve/bec Base ID Tat a 1410 becase in de, TITLE ☐ Change BEATRIZ WATED D/VP/S Partir #1503 1420 Brickell Bay Drive # 1503 STREET ADDRESS STREET ADDRESS المحراط والمراجع المحراط المراجع الم CITY-ST-ZIP CITY-ST-7LP Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 an appropriate 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 recute 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 in the empowered. C/O YOLANCE MOTALES

(305) 461-1789 *ATED*5/26/00 SIGNATURE:

SIGNATURE AND TYPED O