FILED 🚅 UNIFORM BUSINESS REPORT (UBR) Aug 02, 2000 8:00 am Secretary of State DOCUMENT # COTETONIC INVESTMENTS GREATION 08-02-2000 90148 034 ***150.00 P,99600007809 Principal Place of Business Mailing Address 485 Leucadendra Drive 485 Leucadendia De Corn GABles, FL 33156 / CORAL GABLES, FL 33156 B0104007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 0922848 City & State City & State Applied For Not Applicable SAME Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALFREDO MURCIANO 485 Leucadendra Dr. Street Address (P.O. Box Number is Not Acceptable) CORM GABIES, FL 33156 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 SIGNATURE A FRED MORCIANO OFFICE Signature, typed or printed name of registered agent and tide if applicable. (NOTE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99) Delete TITLE Addition TITLE ALFREDO MURCIANO NAME NAME 485 Leucadendes De STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-7IP 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: X achille 1000 - X July 18 Low Dayline Phone #

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| Name | CODAL CARIES EL 33156 US |
| Search String: Search HomePage | FED ID #65-0922848 Officers (SEE ATTACHED) THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR Document Image |

WBR 2000 * ALL INFORMATION REMAINS THE SAME

x aprelo Mun x 4/19/2000