2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1997, 00001543 May 31, 2000 8:00 am Secretary of State C & A POOLS, INC. 05-31-2000 90065 050 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address JODO-K LIGHTHOUSE (IRCLE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For COCONUT CREEK FL 65-0901076 Not Applicable 33063 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 ALVARO VACENZUELA Street Address (P.O. Box Number is Not Acceptable) 1000-K LIGHTHOUSE CIR. COCONUT CREEK, FL 33063 City Zip Code 8. The above named entity submits this hatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 🔀 ed 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 Tax filling requirement and elects to do so. \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDE NT TITLE Delete TITLE ■ Addition ALVARO VALENZUELA NAME rood- k righthouse cir STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33063 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ Detete TITLE-Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiver or trustee embedded 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. changed, or on an attachment with an add h all other like empowered.

Davlime Phone #

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR