2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039285 May 26, 2000 8:00 am 1. Entity Name Secretary of State ARLAC INTERNATIONAL CORP. 05-26-2000 90137 009 ***150.00 Mailing Address Principal Place of Business 11650 SOUTHWEST 92ND STREET 11650 SOUTHWEST 92ND STREET MIAMI FL 33176 MIAMI FL 33176-1022 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0915319 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALMA R LACAYO Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 11650 SW 92 ST 343 ALMERIA AVENUE Coral Gables FL 33134 City FL ^zi33176–1022 MIAMI 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing --- After MAY-1, 2000 Fee will be \$550:00 -- -- Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Delete TITLE DE ROBLETO, FRANCISCA O NAME NAME STREET ADDRESS 11650 SOUTHWEST 92ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change Addition TITLE ☐ Delete TITLE ROBLETO, DANIZA G NAME NAME STREET ADDRESS 11650 SOUTHWEST 92ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition ☐ Change ☐ Delete TITLE TITLE LACAYO, ALMA R NAME NAME STREET ADDRESS 11650 SOUTHWEST 92ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ___Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NÄME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 in 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 on 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

04/15/00

Date

305-270-9016

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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O.DE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED