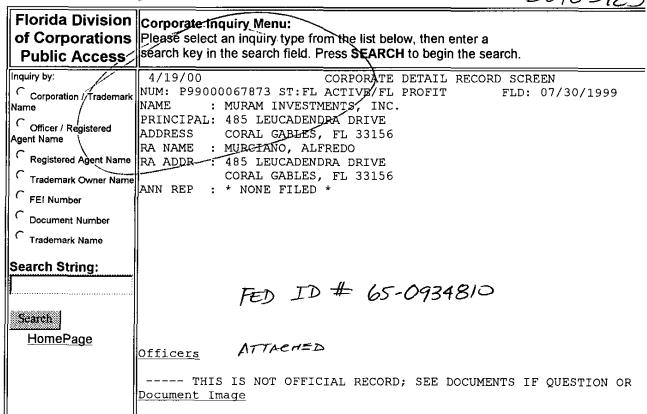
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # MURAM INVESTMENTS, INC. Aug 02, 2000 8:00 am Secretary of State P.99600067873 08-02-2000 90150 010 ***150.00 Principal Place of Business Mailing Address 485 Leucadendia De 485 Leucadendra CORN GABLES, FL 33156 CERAL GABLES, FL 33156 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65 - 0934810 Applied For Zip Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent ALFIZEDO MUZCIANO 485 LeucadendRA DR. Street Address (P.O. Box Number is Not Acceptable) CORM GABIES, FR 33156 Zip Code FI 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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ALFRED MURCIANO TITLE NAME ☐ Change ☐ Addition NAME 485 Leucadenden DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORM GABLET, FL 33156 CITY-ST-ZIP Delete TITLE NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME ☐ Change ☐ Addition . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition | STREET ADDRESS STREET ADDRESS 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 Statules. 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 chanced or on an attachment with an address, with all other like approximated. * July 18, 2000

Daverse Phone 4

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ALL INFORMATION REMAINS THE SAME

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