2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2000 8:00 am Secretary of State DOCUMENT # M40799 1. Entity Name CONTINENTAL GENERAL DEVELOPMENT CORP. 02-16-2000 90052 049 ***158.75 Principal Place of Business Mailing Address 2307 DOUGLAS ROAD 2307 DOUGLAS ROAD SUITE 500 SUITE 500 CCOCTOON MIAMI FL 33145-3057 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0231019 Not Applicable Zip Country Zip Country **\$8.75** Additional Κī 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALAYO, WILSON J Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS ROAD SUITE 500 MIAMI FL 33145 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 \Box 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 OFFICERS AND DIRECTORS 12. 11. PSD ☐ Addition ☐ Change TITLE TITLE ☐ Delete ALAYO, WILSON J NAME NAME STREET ADDRESS STREET ADDRESS 2307 DOUGLAS ROAD, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Delete Change Addition タヘム TITLE TITLE ALAYA JOSE L NAME NAME Jose ALAYO 2307 Douglos Rel Junte 100 STREET ADDRESS 2307 DOUGLAS ROAD, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33145 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accurate quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee of powered to ex changed, or on an attachment with an address with all other

WILSON J. ALAYO PRESIDENT

SIGNATURE: