FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # M67860** 1. Entity Name DOHUMAR, INC. 04-17-2000 90089 011 ***150.00 Mailing Address Principal Place of Business 51 E. FIRST ST., STORE #24 71 S.E. 1ST STREET MIAMI FL 33131-1007 MIAMI FL 33130-1623 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0047152 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, HUNERTO Street Address (P.O. Box Number is Not Acceptable) ____ 51 S.E. 1ST STREET **MIAMI FL 33134** Zip Code City 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. DATE Signature, typed or printed 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 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change Addition Delete TITLE TITLE GONZALEZ, HUMBERTO NAME NAME STREET ADDRESS 1512 SARAGOSSA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Addition ☐ Change Delete TITLE TITLE GONZALEZ, DOLORES NAME NAME 1512 SARAGOSSA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP CORAL GABLES FL 33134 ☐ Change Addition ☐ Delete TITLE TITLE LOPEZ, MARINA NAME NAME 1512 SARAGOSSA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME 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 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.

Daytima Phone #

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR