FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 16, 2000 8:00 am Secretary of State DOCUMENT # **P96000073093** 1. Entity Name O.J. & BUILDERS CORPORATION 05-16-2000 90139 019 ***150.00 Mailing Address Principal Place of Business 14230 SW 57TH LN., STE, 106 14230 SW 57TH LN., STE. 106 847340 MIAMI FL 33183 MIAMI FL 33183-1056 2. Principal Place of Business 3. Mailing Address 1/5941 SW 54 TERRACE 15941 SW 54 TERRACE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0693512 Not Applicable MIAMI, FL MIAMI, \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 33185 33185 MIAMI-DADE MIAMI-DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IGLESIAS, ADOLFO E Street Address (P.O. Box Number is Not Acceptable) 12010 SW 97TH ST. MIAMI FL 33186-2606 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE

11. TITLE ☐ Delete DP **BORRERO, EDUARDO** MAME BORRERO, EDUARDO 2150 SW 26 STREET #5 STREET ADDRESS STREET ADDRESS 15941 SW 54 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33123** MIAMI, FL 33185 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. In 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 frastee 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.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR