2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2001 8:00 am Secretary of State **DOCUMENT # K99312** 1. Entity Name ANTILLES EQUITY CORP. 05-05-2001 90816 013 ***150.00 Principal Place of Business Mailing Address AMKGS REGISTERED AGENTS. INC. NARCOA PLAZA 1 SE 3RD AVE. STE 1980 5870 SW 8TH ST. MIAMI FL 33144 **MIAMI FL 33131** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0206029 Not Applicable Country \$8.75 Additional Ζip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMKGS REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVENUE STE 1980 **MIAMI FL 33131** 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 (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 9.1 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE NAME VEGA DE TORRE, CRISTINA NAME STREET ADDRESS STREET ADDRESS 5870 SW 8TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33144 ☐ Change ☐ Addition ☐ Delete TITLE ESCAGEDO, ANA MARIA ESQ NAME NAME STREET ADDRESS STREET ADDRESS ONE SE THIRD AVE CITY-ST-ZIP CITY-ST-ZIP Miami Fl. ☐ Change ☐ Addition Delete TITLE TITLE VEGA, ALEIDA S. NAME NAME STREET ADDRESS STREET ADDRESS 5870 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Addition Change TITLE ☐ Delete TITLE NAME vega de madrazo, margarita NAME STREET ADDRESS STREET ADDRESS 5870 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33144 TIT! F ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR M. Escacedo