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200	I UNIFURM BUS	INESS NEFO		lopu	<u>'/ </u>					
DOCUMENT # P98000090429 1. Entity Name						FILED SECRETARY OF STATE BYISION OF CORPORATIONS				
VIRGINIA HOLDINGS CORPORATION						01 APR 30 PM 1: 10				
Principal Place of Business 2300 Coral Way Suite 200 Miami, Fl 33145		Mailing Address 2300 Coral Way Suite 200 Miami, Fl 33145								
		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE.				
City & State	e	City & State			4 . F	El Number 65-0911496		pplied For ot Applicable		
Zip	Country	Zip	Cour	ntry		Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		<u> </u>	7. N	Name and Address of New Registere	ed Agent			
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 Coral Way Suite 200			•	Name Street Add	et Address (P.O. Box Number is Not Acceptable)					
Miami, Fl 33145				City	FL Zip Code					
8. The above named entity submits the statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, type-doi: printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable to			01 Fee	will be \$55	0.00 of State	Election Campaign Financing Trust Fund Contribution.	☐ Added	0 May Be I to Fees		
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ-AGUIAR, CARLOS C 2300 Coral Way, Suite 100						☐ Change	☐ Addition		
TITUE NAME STREET ADDRESS CITY-ST-ZIP	DV Delete TO Del					70000413 -05/03/0	101104-	014		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ-CANTERA, AMADA 5 2300 Coral Way, Suite 201			1		****150.	OO ⊤ change *	1 D-Modeliel		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOPEZ, AMADA CANT 2300 Coral Way, S Miami, Fl 33145				M	JN/20	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\ '.	☐ Delete			1		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ O∋lete	CITY	IE EET ADDRESS '-ST-ZIP			☐ Change	☐ Addition		
13. Thereby o	certify that the information sypplied with	this filing does not qualify for	the exe	emption states	d in Section 1	119.07(3)(i). Florida Statutes. I further	certify that the in	nformation I		

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this report or supplied in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of tilustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other-like empowered.

| GNATURE:

SIGNATURE: