FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # P (10000 103149 Secretary of State 05-22-2001 90637 047 \*\*\*150.00 0/0/0 DOLLAR Principal Place of Business Mailing Address 50M2 10417 NW 41 STRUT MIAMA, FLORIDA 33178 3. Mailing Address 2750 ~ € 2. Principal Place of Business 10417 NW 41 Samo 183 STALLT STRERT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 201 City & State City & State 4. FEI Number Applied For 65-1053390 MIaMI **3** AWATURA Not Applicable Zip Country \$8.75 Additional Zip 33 /60 5. Certificate of Status Desired 33178 papa Fee Required paor 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARD I. ALRAM SON, ESg. AIRPORT EXECUTIVE TOWAR 2 Street Address (P.O. Box Number is Not Acceptable) 7270 NW 1257, SUITE 580 33126 MIAMI, FL 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. SIGNATURE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Ѿ-Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition TITLE NA DEZHOO MORENO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE president, secretary NAME NADEZHOA MORRI NAME 2750 NE 183 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AYPATURA, ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 reqeiver on true 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORENO 05-16-01