FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P97000006883 DOCUMENT # **Secretary of State** 1. Entity Name HEX INVESTMENTS, INC. 02-11-2002 90038 023 ***150.00 Principal Place of Business Mailing Address 8500 SW 8 STREET 8500 SW 8 STREET BOOSTara **STE 238** STE 238 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0721293 Not Applicable _ Zip -Country- --\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACHADO, JOSE LUIS Street Address (P.O. Box Number is Not Acceptable) **8500 SW 8 STREET STE 238 MIAMI FL 33144** 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) 9., This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERRAN, EMILIANO E NAME NAME 8500 SW 8 STREET SUITE 238 CR2E034 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAINZOS, ROGELIO NAME NAME 8500 SW 8 STREET SUITE 238 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI:FL-33144 -CITY-ST-ZIP **VPD** TITLE ☐ Delete Change ☐ Addition CORREA, JORGE NAME STREET ADDRESS 8500 SW 8 STREET SUITE 238 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MACHADO, JOSE L NAME 8500 SW 8 STREET SUITE 238 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE LASARTE, FELIX NAME NAME STREET ADDRESS 8500 SW 8 STREET SUITE 238 STREET ADDRESS CITY-ST-7IP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOMEZ, DAISY T NAME NAME 8500 SW 8 STREET SUITE 238 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 130

Daytime Phone #