FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 15, 2002 8:00 am Secretary of State P01000062422 DOCUMENT # 1. Entity Name 08-15-2002 90045 045 ***550 00 THE OPERIS GROUP, CORP. Mailing Address Principal Place of Business 11420 S.W. 40TH ST. 11420 S.W. 40TH ST. MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address 4254 5W 4254 SW 131AVE 131 AVC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-11274 MIRM /DN Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required ひろる 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - RODRIGUEZ RCE)RIGUEZ, NIVRKA . Box Number is Not Acceptable 11420 S.W. 40TH ST. MIAMI FL 33165 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) FILE NOW!!! FEE IS \$150.00 9. 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. DIRECTOR CR2E034 (9/01) TITLE Change Delete TITI F JUM FRANCISCO SOUDA -RODRIGUET NAME RODRIGUEZ, MIVRKA NAME 4254 SW 131648 11420 S.W. 40TH ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

WIE AND STYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-225-7982