2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 22, 2000 8:00 am Secretary of State OCUMENT # 175271 PECO INTERNATIONAL ELECTRIC, INC. 02-22-2000 90033 022 ***150.00 Light Flace of Business Mailing Address I_ NW 33RD ST 7983-85 NW 33RD ST MIAMI FLA 33122 FL 33122 813679 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0999927 Not Applicable Zip Country 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 FOWARD **-EDEARD P GUTTENMACHER** Box Number is Not Acceptable) 2600 DOUGLAS RD. P A8 CORAL GABLES FL 33134 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition CR2E034 (9/99 ☐ Delete TITLE LOPEZ, JOSE, SR. NAME STREET ADDRESS 6600 S.W. 75TH COURT CITY-ST-ZIP ST-ZIP MIAMI FL ☐ Addition ☐ Change Delete TITLE LOPEX DELIA STREET ADDRESS vinness 6600-S.W., 75TH COURT ST-ZIP CITY-ST-ZIP MYÁMI FL ☐ Change Addition **VPD** Delete TITLE NAME LOPEZ, JULIO STREET ADDRESS 6600 S.W. 75TH COURT CITY-ST-ZIP ST ZIP MIAMI FL Delete ☐ Addition TITLE ☐ Change **VPD** NAME LOPEZ, ALINA STREET ADDRESS room çç 6600 S.W. 75TH COURT CITY-ST-ZIP ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TD LOPEZ, JORGE NAME STREET ADDRESS 6600 S.W. 75TH COURT CITY-ST-ZIP ST-7IP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS *********** CITY-ST-ZIP ST-ZIP 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. ATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR