2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # 388587** 04-18-2000 90146 044 ***158.75 MIAMI EN SUS MANOS, INC. Mailing Address Principal Place of Business 5742 SW 7TH ST. STE 204 5742 SW 7TH ST, STE 204 0.990.94 MIAMI FL 33166-2342 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1476033 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PINEIRO, MIGUEL Street Address (P.O. Box Number 2381 WEST FLAGLER ST. MIAMI FL 33135 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 (NOTE: Registered Agent signature required when reinstating) title if applicable. FILE NOW!!!.FEE.IS.\$150.00. satisfy its Intangible 9. This corporation is eligible 16.-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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change : ☐ Addition ☐ Delete TITLE PINEIRO, MIGUEL NAME STREET ADDRESS STREET ADDRESS 2381 WEST FLAGLER STREET CITY-ST-ZIP 330lO CITY-ST-7IP MIAMI FL Change Change Delete TITLE ☐ Addition TITLE NAME TALLEDA, HILDA NAME STREET ADDRESS STREET ADDRESS 5177 WEST FLAGLER STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Change TITLE Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE 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

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 in the composition of the composition of 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 in the composition of the composit Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED ING OFFICER OR DIRECTOR

FILED