## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 463428 May 24, 2000 8:00 am 1. Entity Name Secretary of State VIES. INC. 05-24-2000 90164 025 \*\*\*150.00 PLEASE CORRECT Principal Place of Business APPRESS. 5815 SW 68 ST. MIAMI FL 39129 WE GOT THIS MAIL O DIE D D I 33143 LATE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1561138 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, WALTER B Street Address (P.O. Box Number is Not Acceptable) 2783-S.W-SRD-AVENUE- 5815 SW 68 ST MIAMI FL 33129 33143 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE MARTINEZ, WALTER B. NAME 2783-S.W. SRD-AVENUE 5815 SW 48 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 3343 Change Addition TITI F ☐ Delete TITLE HOLT, TERRY L. 2733 S.W. SRD AVENUE 5815 9W 68 57 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI'FL 33/43 ☐ Change Addition TITLE TITLE - -TINNEY, DANIEL D. NAME NAME 2793 S.W. SRD AVENUE FBIF SW 68 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 23/43 ☐ Change Addition TITLE TITLE RUIZ CARLOS NAME NAME 2733 8.W. 3RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 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 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: