2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2000 8:00 am DOCUMENT # 476006 Secretary of State PROJECT ADVISERS CORP. 03-01-2000 90054 032 ***150.00 Mailing Address Principal Place of Business 7425 SW 42ND STREET 7425 SW 42ND STREET MIAMI FL 33155-4402 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1699264 Not Applicable \$8.75 Additional Zip Country 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 ESTEVEZ. MICHEAL Street Address (P.O. Box Number is Not Acceptable) 7425 SW 42ND ST **MIAMI FL 33155** Zip Code City 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 DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. EX₀ TITLE Change Addition ☐ Delete TITLE MURPHY, LINDA F NAME NAME STREET ADDRESS STREET ADDRESS 7425 SW 42 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE ESTEVEZ, MICHAEL M NAME STREET ADDRESS STREET ADDRESS 7425 SW 42 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition-TITLE . EVP_ Delete TITLE-BARBELLA, NICHOLAS J NAME NAME STREET ADDRESS STREET ADDRESS 7425 SW 42 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE LUACES, JOAQUIN NAME NAME STREET ADDRESS STREET ADDRESS 7425 SW 42 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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 filling 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 CEDIRECTOR

1/22/2000

305) 266-1920

Daytime Phone #