2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT'# 508599 CARIBBEAN LAND SURVEYORS, INC. 04-26-2001 90325 014 ***150.00 Principal Place of Business Mailing Address 12750 S.W. 25TH TERR. 12750 SW 25TH TER MIAMI, FL 33175 MIAMI.F L 33135 2. Principal Place of Business 3. Mailing Address 3742 West 12 and Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1702984 H19/egh Not Applicable Zip Country \$8.75 Additional 5. Cortificate of Status Desired 33012 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENEGA,, WALTER E Street Address (P.O. Box Number is Not Acceptable) 12750 S.W. 25TH TERR. MIAMI FL 33175 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. DATE (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FRE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition VENEGA, ELIA NAME NAME STREET ADDRESS 12750 SW 25TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Addition ₩ Delete VPT VENEGA, LEONARDO NAME 12750 SW 25TH TERR STREET ADDRESS STREET ADDRESS V.FERNANDEZ, CLARA CiTY-ST-7IP 12750 SW 25th TERRACE MIAMI, FL MIAMI FL 33175 CITY - ST - Z!P TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete DITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITLE ☐ Chance Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete THILE T:TUE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 logal officit 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.

CITY-ST-ZIP

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/01

CR2E034 (10/00)