, vo vincoum bosiness kepokt (OBK) DOCUMENT # 513201 Apr 18, 2000 8:00 am Secretary of State R.E. JEWELERS ENTERPRISES, INC. 01-18-2000 90043 003 ***150.00 Principal Place of Business Mailing Address 36 NE 1ST ST STE 227 36 NE 1ST ST STE 227 SEYBOLD BUILDING SEYBOLD BUILDING -MIAMI FL 33132 MIAMI FL 33132-2436 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1690079 Not Applicable Zip Country Zip 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 ESPINOSA ROGELIO ESPINOSA, ROGELIO Street Address (P.O. Box Number is Not Acceptable) 3220 SW 118TH CT MIAMI FL 33175 3941 S.W. 138 ct. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, pr both, in the State of Florida. OBELIO ESPUIDSA IN PRESIDENT 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F Change Addition ESPINOSA, ROGELIO JR. NAME ESPINOSA ROGELIO TR. NAME 3220 SW 118TH CT STREET ADDRESS STREET ADDRESS 3941 S.W. 138 ET. CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP KIAMI FL. TITLE Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete □ Спалде Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTi E Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

01/05/00 (305) 358-8075