2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 582108 Jan 28, 2000 8:00 am **Secretary of State** JAABA INTERNATIONAL, INC. 01-28-2000 90096 002 ***150.00 Principal Place of Business Mailing Address 4115-A NW 132 ST 4115-A NW 132 ST OPA LOCKA FL 33054-4539 OPA LOCKA FL 33054 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . : ==: ARMENTEROS, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 16239N.W. 84 AVE nue 8217 NW 201 TERRACE **MIAMI FL 33015** 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 ag nt and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Alina S. Armenteros 8217 N.W. 201 terrace Miami, Fl. 33015 ☐ Delete TITLE DIAZ, HILARIO A. NAME STREET ADDRESS STREET ADDRESS 16239 NW 84TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33016** Jose A. Armenteros 8217 N.W. 201 Terrace Higmi, Fl. 33015 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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. Hilario Diaz

ME RECOURAGE President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/19/2000

Daytime Phone #