2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 582108** JAABA INTERNATIONAL, INC. 04-24-2001 90025 006 ***150.00 Principal Place of Business Mailing Address 4115-A NW 132 ST 4115-A NW 132 ST OPA LOCKA FL 33054 OFA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 59-1845274 City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Country 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 DIAZ, HILARIO A Street Address (P.O. Box Number is Not Acceptable) 162 39 NW 84 AVENUE HIALEAH FL 33016 City 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Searetary ☐ Change TITLE ☐ Delete TITLE NAME DIAZ, HILARIO A. NAME STREET ADDRESS STREET ADDRESS 16239 NW 84TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33016 TITLE Delete TITLE NAME NAME ARMENTEROS, ALINA S STREET ADDRESS STREET ADDRESS 8217 NW 201 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 TITLE TITLE ☐ Change --- ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-ST-7IP 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

Hilario Diaz

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01