FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # 601057** VARELA P A 04-04-2001 90007 024 ***150.00 Principal Place of Business Mailing Address 537 U.S. HIGHWAY 1 537 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State 59-1263931 Applied For 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 Name FERNANDO L.VARELA Street Address (P.O. Box Number is Not Acceptable) 537 US HWY #1 NORTH PALM BEACH FL 33408 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 Signature, typed or printed name of registered agent 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Change ☐ Addition VARELA, FERNANDO L. NAME NAME 537 U.S. HIGHWAY #1 STREET ADDRESS STREET ADDRESS NORTH PALM BCH FL CITY-ST-ZIP CITY_ST-ZIP TITLE ☐ Delete TITLE ☐ Addition VARELA, FERNANDO L. NAME NAME 537 U.S. HIGHWAY #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .-NORTH PALM: BCH: FL -- --CITY-ST-ZIP_ TITLE ☐ Delete ☐ Addition VARELA, FERNANDO L. NAME NAME 537 U.S. HIGHWAY #1 STREET ADDRESS STREET ADDRESS NORTH PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VARELA, FERNANDO L. NAME NAME 537 U.S. HIGHWAY #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PLAM BCH FL CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO L. VARELA