FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am § Secretary of State DOCUMENT # 651699 1. Entity Name 05-19-2002 90196 017 ***150.00 EDDY & CRISTI, INC. Principal Place of Business Mailing Address 3974 WEST 12TH AVE 3974 WEST 12TH AVE 8-58110 HIALEAH FL 33012 HIALEAH FL 33012 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 59-2000261 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 FORT, GILBERTO V Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON S205 . . CORAL GABLES FL 33134 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAVARRO, OSCAR NAME STREET ADDRESS 8927 S.W. 151 AVE RD STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE SD ☐ Delete DIRE ☐ Change ☐ Addition NAME NAVARRO, NEREYDA NAME STREET ADDRESS 8927 S.W. 151 AVE RD STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete m TITLE Change ☐ Addition NAME MENDEZ, TERESA NAME STREET ADDRESS 3630 W. 13 AVE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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.

Oscar Navarro 2-25-02 305-556-4736

R DIRECTOR P.D. Date Daytime Phone #