## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 16, 2000 8:00 am Secretary of State DOCUMENT # 682708 -1. Entity Name AVIQUEI ENTERPRISES, INC. 05-16-2000 90139 045 \*\*\*150.00 Mailing Address Principal Place of Business 7940 NW 66 SZ 7940 NW 68-ST 847306 MIAMI EL 33166-2715 MIAMI FL-83166-2726 2. Principal Place of Business 3. Mailing Address 25 SE 2nd. Ave 25 SE 2nd Ave Suite, Apt. #, etc. # 410 Suite, Apt. #, etc. #410 DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2072052 Miami, FLNot Applicable Miami, FL\$8.75 Additional Country Country 3<sup>2</sup> 131 5. Certificate of Status Desired 33131 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERREIRA, JOAQUIM QUEIROZ Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd Ave #410 FERREIRA, JOAQUIM QUEIROZ 7940 NW 66-8T MHAMI FL 33166 City Miami, Florida 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. FERREIRA, JOAQUIM QUEIROZ SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition PDS TITLE □ Delete TITLE FĒRREIRA, JOAQUIM QUEIROZ FERREIRA.JOAQUIM QUEIROZ NAME STREET ADDRESS 25 SE 2nd Ave. #410, Miami, Fl33131 STREET ADDRESS 7940 NW 66 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI PL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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. 305-3810

SIGNATURE YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERREIRA, JOAQUIM QUEIROZ(P)

Daytime Phone #