1. Corporation Name   SEC in MARABU, N.V.   SEC in MARABU, N.V.     Principal Place of Business   Mailing Address     GG 25 S W 95 CT   Mailing Address     MIARMI, FL 33/73   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   DO NOT WRITE IN     2. New Principal Office Address, If Applicable   3. New Mailing Address, If Applicable   4. Date Incorporated or Qualified     Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. FEI Number     City & State   Country   Country     Zip   Country   Zip     7. Names and Street Address of Each Officer and/or Director (Florida nonprofil corporations must list at teast 3 directors)   Street Address of Each Officers and/or Directors     Title(a)   2   Name of Officers   3 (Do NOT Use Post Office Box Numbers)     1   0   0   1   1	<b>5 27 AM II : 27</b> Etagy of state Hassee, florida
MARABU, NV.   SEC     Principal Place of Business   Mailing Address     GG255W95CT   MIAMI, FL33173     If above addresses in correct in any way, line through incorrect information and enter correction below.   • Do NOT WHITE IN     2. New Principal Office Address, If Applicable   3. New Mailing Address, If Applicable   • Do NOT WHITE IN     2. New Principal Office Address, If Applicable   3. New Mailing Address, If Applicable   • Do Business in Florida     Bulle, Apt. 4, etc.   5. FEI Number   96-0051928     City & State   Country   2p   Country     7. Names and Street Address s of Each Officer and/or Director (Florida nonprotil corporations must list at least 3 directors)   Street Address of Each     Titla(e)   2   Street Address of Each   Country     7. Names and Street Address s of Each   Officers   Street Address of Each     7. Names and Street Address of Country   2p   Country   Country     7. Names and Street Address of Country   3 (Do NOT Use Post Office Box Numbers)   4     PRS   FRANCISCO ONDARZA EL HATILLO   CARACA     S   JUAN J. ONDARZA   CL 25 SW 95 ct   MIAMI,     S   JUAN J. ONDARZA   CL 25 SW 95 ct   MIAMI,	Ietary of state Hassee, florida
6 & 2 & 5 & W & 9 & 5 & c & M & 1 & A & M & 1, F & 3 & 3 & 1 & 7 & 3 & 3 & 1 & 7 & 3 & 3 & 1 & 3 & 1 & 3 & 1 & 3 & 1 & 1	
MIAMI, FL 33173     If above addresses are incorrect in any way, line through incorrect information and enter correction below.     2. New Principal Office Address, If Applicable     3. New Mailing Address, If Applicable     3. New Mailing Address, If Applicable     3. New Mailing Address, If Applicable     5. Dete Incorporated or Cualified     Suite, Apt. #, etc.     5. FEI Number     Country     Zip     Country     Zip     Country     Zip     Country     Title(s)     2     Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Title(s)     2     PRS     FRANCISCO   ONDARZA     EL HARTILLO   CARACA     S JURN J. ONDARZA   CL ZS SW 95 ct     MIANN J. ONDARZA   CL ZS SW 95 ct     MIANT S. ONDARZA   CL ZS SW 95 ct     MIANT S. ONDARZA   CL ZS SW 95 ct     Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.   DO NOT WRITE IN     2. New Principal Office Address, If Applicable   3. New Mailing Address, If Applicable   4. Date incorporated or Qualified to Do Business in Florida     Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. FEI Number     City & State   2/P   Country   5. FEI Number     Zip   Country   Zip   Country   6. FEI Number     7. Names and Street Address of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)   5. Street Address of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)     7. Names and Street Address of Cach Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)   5. Street Address of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)     7. Names and Street Address of Officer and/or Director (Store and/or Director 1 (Director 3 (Do NOT Use Post Office Box Numbers) 4   C A R A C A     PRS   FR AN CISC O OND ARZA EL IHATILLO   C A R A C A     S JUAN J. OND ARZA   C L Z S S W 95 ct   MIAMINI     S UAN J. OND ARZA   C L Z S S W 95 ct   MIAMINI     Quark   P. Name and Address of New Replayer   9. Name and Address of New Replayer	
2. New Principal Office Address, If Applicable   3. New Mailing Address, If Applicable   4. Date Incorporated or Qualified To Do Business in Florida     3. New Mailing Address, If Applicable   3. New Mailing Address, If Applicable   4. Date Incorporated or Qualified To Do Business in Florida     Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. FEI Number     City & State   Country   Zip     Zip   Country   Zip     Country   Zip   Country     7. Names and Street Address: s of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)   Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)     Thild(a)   2   Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)     Thild(a)   2   Street Address of Each Officers and/or Director (Director (Director Good Director)   Good Directors)     Thild(a)   2   Name of Officers and/or Director (Director Good Director)   Good Directors)     Thild(a)   2   Name of Officers and/or Director (Director Good Director)   Good Directors)     Thild(b)   2   0   0   0   0     S   JURN J. ON DAR ZA   EL IHATILU   CHRACA     PRS	•
Sulle, Apt. #, etc.   Sulle, Apt. #, etc.     City & State   City & State     Zip   Country     Sitest Address of Each Officer and/or Director     Sitest Address of Each Officers     Thile(e)   2     Breach Address of OND ARZA     EL HATILLO   CARACA     Sitest Address of Current Registered Agent     Provide Address of Current Registere	THIS SPACE
City & State   5. FEI Number     Zip   Country   Zip   Country     7. Names and Street Address is of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Title(s)   Name of Officers and/or Director   Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Title(s)   Name of Officers and/or Director   Street Address of Each Officer and/or Director     7. Names and Street Address of Each Officer and/or Director   Street Address of Each Officer and/or Director     7. Names and Street Address of Each Officer and/or Director   Street Address of Each Office Box Numbers)     4   PRS   FRANCISCO ONDARZA EL IHATILLO   CARACA     S   JURN J. ONDARZA   CL 25 SW 95 ct   MIAMII     S   JURN J. ONDARZA   CL 25 SW 95 ct   MIAMII     REINSTATEMENT   REINSTATEMENT	
Zip   Country   Zip   Country   6. CERTIFICATE OF STATUS DESIRED     7. Names and Street Address is of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)   Street Address of Each Officers and/or Directors   Street Address of Each Officers of Each Officer and/or Director     7. Names and Street Address of Officer and/or Directors   Street Address of Each Officer and/or Director   Go NOT Use Post Officer Box Numbers)   4     9. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent   9. Name and Address of New Registered Agent	Applied For
7. Names and Street Address of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors)     Street Address of Each Officers and/or Directors     Title(s)     2   and/or Directors     Street Address of Each Officers and/or Directors     3   (Do NOT Use Post Office Box Numbers)     4   CHRACISCO ONDARZA EL HATILLO     STREEN FRANCISCO ONDARZA     STREEN FRANCISCO ONDARZA     STREEN FRANCISCO ONDARZA     STURN J. ONDARZA     ONDARZA     PRS     STURN J. ONDARZA     ONDARZA     PRS     STURN J. ONDARZA     PRS     REINSTATEMENT	Not Applica
Title(s)   Name of Officers and/or Directors   Street Address of Each Officer and/or Director   A     PRS   FRANCISCO   ONDARZA   EL HATILLO   CARACA     SJUAN J. ONDARZA   CL25 SW 95 CT   MIAMI     REINSTATEMENT_   REINSTATEMENT_     9. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent	for a Certificate of Slat
PRS FRANCISCO ONDARZA EL HATILLO CARACA 5 JUAN J. ONDARZA CLZSSW 95CT MIAMI REINSTATEMENT- 0. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent	
5 JUAN J. ONDARZA 6625 SW 95CT MIAMI REINSTATEMENT- 0. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	ity / State / Zip
5 JUAN J. ONDARZA 6625 SW 95CT MIAMI REINSTATEMENT- 0. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	s, Venezue
Name and Address of Current Registered Agent P. Name and Address of New Registered Agent	,
Name and Address of Current Registered Agent Section 2. Name and Address of New Registered Agent	FL 33113
Name and Address of Current Registered Agent Section 2. Name and Address of New Registered Agent	91-97-
Name and Address of Current Registered Agent S. Name and Address of New Registered Agent	10
Image: Street Address of Current Registered Agent 9. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   GG25 Sw 95 CT	36 .29
0. Name and Address of Current Registered Agent 9. Name and Address of New Regi   JUAN J. ONBARZA Name   G625 SW 95 CT Street Address (P.O. Box Number is Not Acceptable)	4-21
JUAN J. ONBARZA 6625 SW 95 CT Street Address (P.O. Box Number is Not Acceptable)	tered Agent
6625 SW 95 CI	. 10. J. 2000, 2001 Aut 400-
Contra Ant & Financial State	H3239 R-01178021
MIAMI, 22 33173 Sulte, Apt. W, Etc.	5.08 ************************************
City	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Signature of Registered Agent	26/97
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11 lease the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deer certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.040 leas owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have under oath.	ther side for information on Intangible tax.)

•