200% UNIFORM BUSINESS REPORT (UBR) FILED May 28, 2002 8:00 am Secretary of State DOCUMENT#-F14-557 Mahhattan Construction Investment, Inc. 05-28-2002 91743 015 ***150.00 Principal Place of Business Mailing Address 810 n.w. 30ct mami, FL. 33125 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 59-2113190 Not Applican 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 Street Address (P.O. Box Number is Not Acceptable) mami, FL. 33125 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE 7 TITLE ☐ Change Additio Navarro, Julio NAME NAME STREET ADDRÉSS 810 n. w. Boct STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F · [Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Additi: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY - ST - 7(P TITLE ☐ Delete TITLE Accir. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Additic NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an exemption of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE SIGNATURE AND TYPED DR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

4.30.02

Daytone Phone