FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 27, 2002 8:00 am DOCUMENT # F57477 **Secretary of State** 1. Entity Name 02-27-2002 90091 048 ***150.00 FRALURA INC. Principal Place of Business Mailing Address P. O. BOX 144133 #305 250 CATALONIA AVE CORAL GABLES FL 33114-4133 CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address PONCE DE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2435227 Not Applicable 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 ALFREDO 6. DURAN, ALFREDO G. Street Address (P.O. Box Number is Not Acceptable) 8601 5. Coyshore Dr SUITE 1100, GRAND BAY PLAZA suite 1400 2665 S BAYSHORE DRIVE **MIAMI FL 33133** Zip Code 33133 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. Dorta hamon SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition DORTA, RAMON NAME NAME 250 CATALONIA AVE STE 305 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL CITY-ST-7IP TITLE. DP ☐ Delete TITLE [] Change ☐ Addition DORTA, FRANCISCO NAME NAME STREET ADDRESS STREET ADDRESS 250 CATALONIA AVE STE 305 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME DORTA, LUIS NAME STREET ADDRESS STREET ADDRESS 250 CATALONIA AVE STE 305 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Delete TITLE TITLE SD Change Addition NAME DORTA, EDUARDO NAME STREET ADDRESS STREET ADDRESS 250 CATALONIA AVE STE 305 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change Addition NAME 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 if changed, or on an attachment with an address, with all attentive expowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/0

Daytime Phone #

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