2001 UNIFORM BUSI DOCUMENT # F7703 1. Entity Name O.& G CORPORATION		r (UBR)	FILED Sep 13, 2001 8:00 am Secretary of State 09-13-2001 90054 046 ***150.00	00000114 AV
Principal Place of Business 797 TANGLEWOOD CR WESTON FL 33327	Mailing Address 797 TANGLEWOOD CR WESTON FL 33327			
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 59-2508022 Applied For Not Applicable	
Zip Country G. Name and Address of Current R		ountry	5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Pee Required Fee Required Status Sta	
VILLÀCIS, ORLANDO O 797 TANGLEWOOD CR WESTON FL 33327	<u> </u>	Name Street Address City	s (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for	the purpose of changing its regis			
SIGNATURE	id title if applicable. (NOTE: Regi	stered Agent signature require	red when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				
11. OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME VILLACIS, GIOCONDA STREET ADDRESS 797 TANGLEWOOD CR VILLACIS, GIOCONDA WESTON FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition	
TITLE PD NAME VILLACIS, ORLANDO STREET ADDRESS 797 TANGLEWOOD CR CITY-ST-ZIP WESTON FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	n 6.
TITLE T NAME VILLACIS, ERIC STREET ADDRESS 797 TANGLEWOOD CR CITY-ST-ZIP WESTON FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STRET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w 	vered to execute this report as re	exemption stated in s gnature shall have the quired by Chapter 6	Section 119.07(3)(i). Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

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Attachment # F77031 AU085531 (₁) ÔI Dean Dept & State: Ins. Alceno Co DAM 1. 1A rend on ini him M popl ON m Sincer bei A STATE AND A STATE OF ----- e= z - ~ ---- vi