2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # F86179** AMION ENTERPRISES INTERNATIONAL CORP. 05-11-2001 90077 048 ***158.75 Principal Place of Business Mailing Address 14295 SW 142ND STREET 14295 SW 142ND STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2190284 Not Applicable Zip Country 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 AMION, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 20200 SW 90 AVE RD. **CUTLER RIDGE FL 33189** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Delete Addition TITLE TITLE NAME AMION, MIGUEL A NAME STREET ADDRESS STREET ADDRESS 20200 SW 90 AVE RD. CITY-ST-ZIP CITY-ST-ZIP **CUTLER RIDGE FL** ☐ Delete Change Addition TITLE TITLE NAME AMION, ANA A. NAME 20200 SW 90 AVE. RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CUTLER RIDGE FL** TITLE ☐ Delete TITLE ☐ Change Addition NAME -AMION, MIGUEL A., JR. ~ NAME STREET ADDRESS STREET ADDRESS 16135 SW 105 AVE. CITY-ST-ZIP CITY-ST-ZIP PERRINE, FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ 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 other like empowered.

SIGNATURE