2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # F87296 1. Entity Name 05-18-2001 91249 048 ***150.00 Z.H. INVESTMENT CORP. Principal Place of Business Mailing Address % JORGE HERNANDEZ 9201 SW 102 ST 0 0 1 0 0 0 A 3935 NW 26ST MIAM FL 33176 MIAM! FL 33142 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 59-2274161 Not Applicable 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 HERNANDEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 3935 NW 26ST MIAMI FL 33142 Zip Code City 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 life 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change Addition ☐ Delete TITLE TITLE STD NAME AVILA. ALEJANDRO NAME STREET ADDRESS STREET ADDRESS 3935 N.W. 26TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Change ☐ Delete TITLE TITLE HERNANDEZ, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 9201 SW 102 ST. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete TITLE - - - -_ [].Change. _ [] Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 life changed, or on an attachment with an address, with all other like empowered.

FILED