2002 UNIFORM BUSINESS REPORT (UBR)

Aug 04, 2002 8:00 am Secretary of State F91217 DOCUMENT # 1. Entity Name 08-04-2002 90159 030 ***150.00 MIAVANA, INC. Principal Place of Business Mailing Address 2175 N.W. 23 COURT 2175 N.W. 23 COURT MIAMI FL 33142 MIAMI 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 59-2203639 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 Name CORONEL, ARMANDO, JR. Street Address (P.O. Box Number is Not Acceptable) 2802 S.W. 1ST AVENUE MIAMI FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F ☐ Delete TITLE ☐ Change Addition CORONEL, ARMANDO JR NAME NAME 2802 SW 1ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change Addition NAME CORONEL. ALEXIS NAME STREET ADDRESS 10299 S.W. 64TH STREET STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change CORONEL, ALDO STREET ADDRESS STREET ADDRESS 3410 S.W. 111TH AVENUE CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE REQUIRED SIGNAI

7-31-02 (305)324-0721

CR2E034 (4/02)

FILED

Attachment

#F91217

Miami, July 30, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

Ref: Document F91217

Gentlemen:

Attached you will find our check in the amount of \$150.00 in payment of the renewal fees for "2002 Uniform Business Report".

We would like to appreciate very much that you accept this payment without penalty, because this is the first notice we receive. We never received the First Notice.

Sincerely,

MIAVANA, INC

Armando-Goronel President