2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # F9500003147 CORONA INTERNATIONAL SERVICE CORP. 05-01-2001 90040 022 ***150.00 Principal Place of Business Mailing Address 2 S. BISCAYNE BLVD. 2 S. BISCAYNE BLVD. STE 3400 STE 3400 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 200 South Biscayne Blvd. 200 South Biscayne Blvd Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite # 4100 Suite # 4100 City & State City & State 4. FEI Number Applied For 65-0567387 Miami, Florida 33131 Miami, Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RJVF CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BOULEVARD **41 FLOOR MIAMI FL 33131** 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. (NOFE: Rog stered 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPS** TITLE M Delete TITLE Change M Addition DPS DOMUS MANAGEMENT CORPORATION NAME NAME Phoenix Directors Ltd. STREET ADDRESS **ROAD TOWN TORTOLA** STREET ADDRESS Road Town Tortola CITY-ST-ZIP CITY-ST-ZIP BRITISH VIRGIN ISLANDS British Virgin Islands TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TUTLE Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS 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.

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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

Date Daytine Phone #

Daytine i no. e e

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