2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000004791 May 02, 2000 8:00 am Secretary of State GUNTHER ENTERPRISES CORP. 05-02-2000 90093 049 ***158.75 Principal Place of Business Mailing Address C/O FINSER CORPORATION C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 550 BILTMORE WAY, SUITE 900 CORAL GABLES FL 33134-5779 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 98-0211145 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE ☐ Change TITLE MACTAVIOUS, ANNETTE NAME NAME STREET ADDRESS OMAR HODGE BLDG., 2ND FL, WICKHAMS CAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROAD TOWN, TORTOLA, B.V.I. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MALONE, JANE NAME NAME OMAR HODGE BLDG., 2ND FL, WICKHAMS CAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROAD TOWN, TORTOLA, B.V.I. ☐ Addition ☐ Change Delete TITLE TITLE SERVCO LIMITED NAME NAME OMAR HODGE BLDG., 2ND FL, WICKHAMS CAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROAD TOWN, TORTOLA, B.V.I. Change ☐ Addition ☐ Delete TITLE TITLE HERNANDEZ, EDUARDO L NAME NAME 550 BILTMORE WAY, SUITE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 a address, with all other like empowered. Educated T. Hornooder

4/17/00 (305) 442-3405Assist. Secretary NG OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

Eduardo L. Hernandez

Daytime Phone #