2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # G06592** 1. Entity Name CARIBBEAN NAUTICAL PROMOTIONS, INC. 01-31-2001 90282 037 ***158.75 Principal Place of Business Mailing Address 780 N.W. LEJEUNE ROAD #516 780 N.W. LEJEUNE ROAD #516 MIAMI FL 33126 MIAMI FL 33126 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 59-2230210 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 PIEDRA, AURELIO A Street Address (P.O. Box Number is Not Acceptable) 780 NW LE JEUNE RD #516 MIAMI FL 33126 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 pentle of re-(NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RANGEL CASTELAZO, FRANCISCO NAME NAME STREET ADDRESS PINO #13 COL FLORIDA STREET ADDRESS CITY-ST-ZIP MEXICO, DF, MEXICO 01030 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DE ITURBIDE, JOAQUIN NAME NAME APARTADO POSTAL 341 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COZUMEL Q ROO ME CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RANGEL, CECILIA NAME NAME STREET ADDRESS PINO #13 COL FLORIDA STREET ADDRESS CITY-ST-7IP MEXICO, DF, MEXICO 01030 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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 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.

CER OR DIRECTOR