FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # G22719** PEACOCK INVESTMENTS, INC. 04-23-2001 90155 004 ***150.00 Principal Place of Business Mailing Address C/O SERGIO R. PENTONL 780 NW JEJUNE RD #427 3191 CORAL WAY: \$200 MIAMI FL 33126 MIAMLET 33145 UŠ 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State 59-2276729 Applied For Not Applicable Country Zip \$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 PENTON, SERGIO R Street Address (P.O. Box Number is Not Acceptable) 780 NW LEJEUNE RD #427 **MIAMI FL 33126** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. SR2E034 (10/00) PVD TITLE · Addition TITI F Delete CHIRIBOGA, GALO GERMAN NAME NAME STREET ADDRESS STREET ADDRESS CASILLA 3786 CITY-ST-ZIP CITY-ST-ZIP QUITO, ECUADOR ☐ Delete TITLE ☐ Change ☐ Addition TITLE PENTON, SERGIO R NAME NAME STREET ADDRESS 780 NW LEJEUNE RD #427 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** TITLE ☐ Defete ☐ 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-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition 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.

Servio Q Perto 2 04/12/01 305)446-1362