2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 01, 2000 8:00 am Secretary of State **DOCUMENT # J86877** 1. Entity Name GULF C C T V. INC. 06-01-2000 90018 022 ***150.00 Mailing Address Principal Place of Business 6902-N.W. 50 STREET 6901 N.W. 50 9902 N.W. 50 STREET MIAMI FL 33166 MIAMI FL 33166-5632 2. Principal Place of Business 6901 N.W. 505t. DO NOT WRITE IN THIS SPACE Applied For ty & State 4. FEI Number 59-2839398 112141 Not Applicable \$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 CARPIO, CARMEN Street Address (P.O. Box Number is Not Acceptable) 9612 SW 134 PLACE MIAMI FL 33186 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Atter 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 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE NAME CARPIO, CARMEN NAME STREET ADDRESS STREET ADDRESS 9612 SW 134TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE Change TITLE S NAME ANDREU, MARIA ~ ~ NAME STREET ADDRESS STREET ADDRESS 3900 W. 6TH AVE. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ 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-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 proposered.

SIGNATURE:

CONTROL PEON DECORPORATION OF DESCRIPTION OF DIRECTOR

3/31/00 305.592.6583

Dayuma Phone #