2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K08893** May 17, 2000 8:00 am Secretary of State ALFA CORPORATION 05-17-2000 90983 014 ***150.00 Principal Place of Business Mailing Address % STEPHEN A. FREEMAN % STEPHEN A. FREEMAN 520 BRICKELL KEY DR. S-305 520 BRICKELL KEY DR. S-305 MIAMI FL 33131 MIAMI FL 33131-2607 Principal Place of Business Mailing Address JOWE RA **380** NU Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0111824 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREEMAN, STEPHEN A. 520 BRICKELL KEY DR SUITE 305 **MIAMI FL 33131** 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE Delete TITLE LANGESFELD, ALFREDO NAME NAME STREET ADDRESS STREET ADDRESS 1205 LINCOLN ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Addition TITLE ☐ Change ☐ Delete TITLE ian respend, Alfredo FREEMAN, STEPHEN A NAME NAME THO WIN LE JEUNE AD A STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DRIVE #305 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-27-10

Bo5)443-712L

Daytime Phone #