FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # L0000009223 1. Entity Name 05-15-2002 90052 027 ****50.00 EMANARES, L.L.C. Principal Place of Business Mailing Address 12355 SW 136 AVE., SUITE 204 13875 SW 102 LANE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 12250 SW 129 COURT 102695W 139 COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For MIAMI, FL HIAMI, EL 65-1028887 Not Applicable Country \$5.00 Additional 33186 5. Certificate of Status Desired U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name, NARYAEZ, EFRAIN NARVAEZ, EFRAIN Street Address (P.O. Box Number is Not Acceptable) 13875 SW 102 LANE MIAMI FL 33186 10269 SW 139 COURT 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Addition ☐ Change NARVAEZ, EFRAIN NAME STREET ADDRESS 13875 SW 102 LANE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME VELASQUEZ DE NARVAEZ, MARGARITA NAME STREET ADDRESS 13875 SW 102 LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MGRM TITLE Delete TITLE Change ☐ Addition CORREA. EDUARDO H NAME STREET ADDRESS 13875 SW 102 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition ESPINOSA, MARTHA NAME STREET ADDRESS 13875 SW 102 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition NAME NARVAEZ, MARGARITA NAME STREET ADDRESS 13875 SW 102 LANE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EFRAINNARVAEZ 04/26/02 SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(305) 383-5140