2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # L05858 1. Entity Name MIAMI SETTA CORPORATION 05-14-2001 90257 012 ***150.00 Principal Place of Business Mailing Address 1600 S OCEAN DR 1600 S OCEAN DR HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 1815 N. 46# AVF Suite, Apt. #, etc. 3. Mailing Address 1815 N. 46# AVE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0135789 HOLLYWOOD-Not Applicable \$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 KICARDO O. SANTOS SANTOS, RICARDO O. Street Address (P.O. Box Number is Not Acceptable) 1600 S. OCEAN DRIVE #5J HOLLYWOOD FL 33019

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.

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip分3302/

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change : Addition TITLE ☐ Delete SANTOS, RICARDO O. NAME 1815 N. 46# Are 1815 N. 46:2 11 -Hollywood FL. 33021 STREET ADDRESS STREET ADDRESS 1600 S OCEAN DR. #5J CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete NAME MARZOUKA, JOSIANE NAME 1815 N. 46th Are Hollywood FL. 33021 STREET ADDRESS STREET ADDRESS 1600 S. OCEAN DRIVE, #5J CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change 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-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.

US

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR