


FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90019 007 ***150.00

00021344



DO NOT WRITE IN THIS SPACE

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L29684 1. Entity Name GUSFA CORPORATION</div><div style="text-align: right;">Feb 15, 2000 8:00 am Secretary of State 02-15-2000 90019 007 ***150.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 48%;">Principal Place of Business 9260 SW 72ND ST. STE 117 MIAMI FL 33173 US</div><div style="width: 48%;">Mailing Address 9260 SW 72ND ST. STE 117 MIAMI FL 33173-3255 US</div></div>				<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">00021344</div> <div style="text-align: center;"> DO NOT WRITE IN THIS SPACE</div>																																																											
<div style="display: flex;"><div style="width: 48%;">2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country</div><div style="width: 48%;">3. Mailing Address Suite, Apt. #, etc. City & State Zip Country</div></div>		<div style="display: flex; justify-content: space-between;"><div>4. FEI Number 65-0191543 <div style="display: flex; justify-content: space-between;"><div>Applied For</div><div>Not Applicable</div></div></div><div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div></div>																																																													
6. Name and Address of Current Registered Agent ALEJANDRO A. CRESPO 9260 S.W. 72ND ST. STE 117 MIAMI FL 33173		7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City FL Zip Code</div>																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State																																																													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																													
11. OFFICERS AND DIRECTORS																																																															
<div style="width: 48%;"><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td colspan="3">STREET ADDRESS</td></tr><tr><td colspan="3">CITY-ST-ZIP</td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr></table></div> <div style="width: 48%;"><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td colspan="3">STREET ADDRESS</td></tr><tr><td colspan="3">CITY-ST-ZIP</td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3"> </td></tr></table></div>				TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP																								TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP																							
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																			
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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.																																																																																																			
SIGNATURE: 2/11/00 305 2713094 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																			