Ú1 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # L93016 1. Entity Name HERRERA GROUP, INC. 04-17-2001 90174 032 ***158.75 Principal Place of Business Mailing Address 3789 WEST 18 AVE 3789 WEST 18 AVE HIALEAH FL 33012 C0047169 HIALEAH FL 33012 IJS 2. Principal Place of Business 3. Mailing Address 15165 N.W. 77 Ave 15165 M.W. 77 AUC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 2002 2002 Applied For City & State City & State 4. FEI Number 65-0216565 MIAMI-FL Not Applicable MIAMI Zip Country \$8.75 Additional 5. Certificate of Status Desired 33014 33014 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERRERA CARLOS HERRERA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 3789 W. 18 AVE HIALEAH FL 33012 15165 MW. 77 LOWE City wi Awi 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 DATE Signature, typed or printed name of 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. HELBERS, CARLOS IN TITLE PST ☐ Delete TITLE NAME HERRERA, CARLOS NAME 15165 N.W. 77 AVE STREET ADDRESS STREET ADDRESS 3789 W. 18 AVE Miani, FI. 33014 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL HERRERA CARIOS JA ☐ Delete TIT! F 15165 N.W. 77 Ave. Suite 2002 HERRERA, CARLOS NAME STREET ADDRESS STREET ADDRESS 3789 W. 18 AVE WANG - FL 33014 CHTY-ST-ZIP CITY_ST_7IP HIALEAH FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 fustee 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR