FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -2 AM 8:00

DOCUMENT # L94590

1. Entity Name
STUDIO LASER CASTING INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-04

DO NOT WRITE IN THIS SPACE MRS

2. Principal Place of Business	3. Mailing Address	4. FEI Number
735 5TH STREET Suite, Apt. #, etc.	735 5th Street Suite, Apt. #, etc.	65-0211943 ☐ Applied For ☐ Not Applicable
City & State: Miami beach	City & State: Miami beach	
Zip: 33139 Country: DADE	Zip: FL Country: 33139	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michel Bitton
Street Address (P.O. Box Number is Not Acceptable): 1194 N.E 91st
City: Miami FL Zip Code: 33138

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE 1/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Michel Bitton 1194 N.E 91st Miami FL 33138	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100028013621 02/02/04--01061--006 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Gerard Bitton 316 Harbor Drive Key Biscayne 33149	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100028013621 02/02/04--01061--002 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/6/04 (352) 532 5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL3(381F.1