## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 MAY -1 PM 4: 02 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9600001139 TALLAHASSEE, FLORID 1a. Principal Place of Business Address E & W INVESTMENTS OF AMERICA, L.C. 80 SW 8TH ST. STE 2077 BO SW 8TH ST. STE 2077 MIAMI FL 33130 MIAMI FL 33130 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 3851 CRAWFORD AUE. 0/28/1996 Suite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For 65-0709316 City & State City & State Not Applicable MIDUI, FLORIDA 5. Date of Last Report 6. Certificate of Status Desired Zφ Country Str./5-Additional Fer-Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent AGRAMUNT, LUIS 80 SW 8TH ST. STE 2077 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33130 Suite, Apt. #, etc. **DD2173680--6** -0\$/09/97--01118--015 本本本本名[[]Dip Code 本本本本名[[日、7日 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM ESCAMILLA, ENRIQUE 80 SW 8TH ST. STE 2077 MIAMI FL MGRM WALKATTE, ALIDA 80 SW 8TH ST. STE 2077 MIAMI FL 11. I do hereby certify that the information upplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Fiorida Statutes. Hurther certify that the information 11. Too hereby certify that the information pulped with this him guest hot quality to the exemption stated in Section 15.07.5(1), Provide Statutes. The information indicated on this annual 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 receive for trustee empowered to execute this report as required by Chapter 809, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. BA. Entiat ESCAMULA. A/23/11 SIGNATURE IATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER INHSE10 R(12-96)