FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 26, 2002 8:00 am & Secretary of State DOCUMENT # M18663 1. Entity Name AMERICAN COMPUTER PRODUCTS CORP. 03-26-2002 90048 026 ***150.00 Principal Place of Business Mailing Address 104 CRANDON BLVD 104 CRANDON BLVD 406-A 406-A KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business Crandon Blu icaelo N Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81542474 59-2567290 Not Applicable Buntry Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APARICIO, PILAR 104 CRANDON BLVD # 406-A **KEY BISCAYNE FL 33149** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition APARICIO, PILAR NAME NAME STREET ADDRESS 1460 BRICKELL AVE., #303 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME GUTIERREZ, HELENA NAME STREET ADDRESS 1460 BRICKELL AVE., #303 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE **VDS** ☐ Delete TITLE ☐ Change ☐ Addition NAME **GUTIERREZ, MANUEL** NAME STREET ADDRESS 1460 BRICKELL AVE., #303 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete 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.

Daytime Phone #

IRE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: