FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OF

May 02, 2001 8:00 am Secretary of State **DOCUMENT # M31599** 1. Entity Name D'SOLER MOTORS CORPORATION 05-02-2001 90097 037 ***150.00 Principal Place of Business Mailing Address 3180 SW 8TH ST 3180 SW 8TH ST MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2672441 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent SOLERSR. DANIEL TILL 9922 S.W. 2ND TERR **MIAMI FL 33174** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 - Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Change TITLE Delete DANIAL III SOLER, DANIEL JR NAME NAME 9922 SW 2ND TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition SD ☐ Change TITLE 🗶 Delete TITLE DE CESPEDES, REBECA S. NAME 9982 SW 2ND TERR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE Delete TITLE Change SOLER, DANIEL SR. NAME NAME 9922 SW 2ND TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS 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 employeed 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.

DEFICER OR DIRECTOR