2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # M40129** 05 JAN 28 AM 11:53 INTERNATIONAL A.M. CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 131 S.W. 82ND AVE. 131 S.W. 82ND AVE. REINSTATEMENT MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 59-2733865 Not Applicable Zip Country Country Zip \$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 Labori er-to TORRES, MIGUEL 111 S.W. 82ND AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33144 ve City Zip Code FL liami 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 Signs e of registered poent and little if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEÉ IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P TITLE HILE 700046018637 ☐ Addition Delete TORRES MIGUEL NAME NAME 02/04/05--01013--016 **300.00 STREET ADDRESS 111 S.W. 82ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-\$1-ZIP TD TITLE TITLE ☐ Change ☐ Addition Delete LABORI, ANGEL NAME NAME STREET ADDRESS 131 S.W. 82ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete TITLE Addition Labori, Roberto NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP Delete me TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ME Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TIFLE ☐ Delete ☐ Change THIE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 supplienced 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the receiver of trustee empowered. SIGNATURE: 5 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

INTERNATIONAL A.M. CORP. 131 SW 82 AVE MIAMI, FL 33144

Tuesday, January 18, 2005

Will make Gibbs

DEPARTMENT OF STATE DIVISION OF CORPORATION PO BOX 6327 TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #M40129

We are filing to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. Please, we respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$300.00 covering the 2004 and 2005 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

ROBERTO LABORI – PRESIDENT