2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # M46833** 1. Entity Name R.A.M.J. CORP. 04-25-2000 90130 038 ***150.00 Mailing Address Principal Place of Business C/O RODOLFO ANTELA C/O RODOLFO ANTELA 1149 NW 103RD ST 1149 NW 103RD ST MIAMI FL 33150-1037 MIAMI FL 33150 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2795646 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTELA, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 1149 NW 103RD ST **MIAMI FL 33150** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. .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, 2000 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. ☐ Change Addition ☐ Delete TITLE ANTELA, RODOLFO NAME 1149 NW 103RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL STD ☐ Addition TITLE ☐ Delete TITLE ANTELA, MILAGRO NAME NAME 1149 NW 103RD ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL _ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

01111

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

04/19/2000 (30x) L91-922 Date Dayline Phone #

Change

☐ Addition