2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # M54930** ANA C. ESCRICH & ASSOC. INC. 01-27-2000 90038 043 ***150.00 Principal Place of Business Mailing Address PO BOX 650596 P.O. BOX 650596 DUDIULIS MIAMI FL 33265-0596 MIAMI FL 33265 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2819472 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESCRICH, ANA C. Street Address (P.O. Box Number is Not Acceptable) 12715 S.W. 44 TERR. **MIAMI FL 33175** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Defete TITLE ☐ Change ☐ Addition TITLE ESCRICH, ANA C. NAME NAME STREET ADDRESS 12715 S.W. 44 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Defete TITLE ESCRICH, ANA C. NAME NAME STREET ADDRESS STREET ADDRESS 12715 S.W. 44 TERR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete Change TITLE TITLE ALFONSO, NEREYDA NAME NAME STREET ADDRESS 10820 SW 28 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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

FILED