CELESTE INVESTMENT CORP.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90160 045 ***150.00

Dringing Diago	of Puriners	Mailing Address			
3501 SW 8 ST 211		3501 SW 8 ST 211			
MIAMI FL 33135	j	MIAMI FL 33135			DO NOT WRITE IN THIS SPACE
US		US			Date Ir corporated or Qualifed
1					06/08/1988
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0084130 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	27				
City & State	City & State	State		6. Election Campaign Financing \$5.00 May Be	
23	28			Trust Fund Contribution Added to Fees	
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax Yes []No
24	25	29 30			Terson's reporty rax.
}	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere d Agent
COD	DIZ DOUNGO		01	Name	
GORRIZ, DOMINGO				Street A	Address (P.O. Box Number is Not Acceptable)
3501 SW 8 ST					
#211			83		
MIAN	AI FL 33135		84	City	₽, 85 Zip Code
					FL 10 2.5 of the
office of re	agistared agent, or both, in the State of	≐ Florida. Such change was ⊱uthori	zed by	the corpor	l corporation submits this statement for the purpose of changing its registered poration's board of cirectors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed nar ie of registered agent		-	t signature rei	required when reinstating) ADDITICINS/CHANGES TO OFFICERS / ND DIRECTORS IN 12
12.	OFFICERS AND		13. 1 TITLE		ADDITIONS/OFFANGES TO OFFICERS 7 (NO DIRECTOR OF NOTICE Addition
TITLE	DS CONTACT COTHER DEPART	_			
NAME	GONZALEZ, ESTHER BERNAL		2 NAME	ADDRESS	
STREET ADDRESS	3501 SW 8 T, #211			ADDRESS	1
CITY-ST-ZIP	MIAMI FL		4 CITY-S	1-ZIP	Change Addition
TITLE	DT DEBUG CASTO			1	
NAME	BERNAL, CELSO CASTRO		.2 NAME		
STREET ADDRESS	3501 SW 8 ST - 211	.		ADDRESS	
CITY-ST-ZIP	MIAMI FL		. 4 CITY-5	T-ZIP	Change Addition
TITLE	DV		.1 TITLE		
NAMÉ	BERNAL, JORGE CASTRO	i i	.2 NAME		
STREET ADDRESS	3501 SW 8 ST - 211			ADDRESS	
CITY-ST-ZIP	MIAMI FL		4. CITY-S	1. ZP	Change Addition
TITLE-	DP	_	.1 TITLE . 2 NAME	ļ.	
NAME	CAMEJO, CELSO CASTRO				
STREET ADDRESS	3501 SW 8 ST - 211			ADDRESS	'
CITY-ST-ZIP	MIAMI FL		4 CITY-S	1-ZIP	Change Addition
TITLE			.2 NAME		
NAME				ADDRESS	
STREET ADDRES S			4 CITY-S	- 1	
CITY-ST-ZIP			.4 CITY-S .1 TITLE	1-4IF	Change Addition
TITLE		1	.2 NAME	-	
NAME				t ADDRESS	
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		1 €	4 CITY-S	T-ZIP	<u></u>

14. Thereby 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 annual report of supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #