Sep 06, 2001 8:00 am Secretary of State DOCUMENT # N0000004626 09-06-2001 90051 034 \*\*\*\*61.25 MISION ESPERANZA INCORPORATED Principal Place of Business Mailing Address 6375 W. FLAGLER STREET 6375 W. FLAGLER STREET MIAMI FL 33144 MIAM! FL 33144 2. Principal Place of Business 3. Mailing Address 6375W FLAGUER SA 375 W FLAGUER Dr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI Mrom FL 33/44 Not Applicable Country Country SA Zip \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENITKZ JUAN BENITEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) 8513 SW 163 COURT MIAMI FL 33198 Krou 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) typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min, will be \$236.25 Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (5/01) Change ☐ Addition GALLARDO, LENIER L REV.DR. NAME NAME STREET ADDRESS 6375 W. FLAGLER STREET STREET ADDRESS **CR2E037** CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ERNAND, OSCAR JUAN BENITKZ NAME STREET ADDRESS 866 PONCE DE LEON BLVD. STREET ADDRESS 85135W163et CITY-ST-ZIP CORAL GABLES FL 33134 CITY-IST-7IP MIAMI, FL 33195 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUNKER, JUDITH NAME NAME STREET ADDRESS 160201 SW 95TH AVENUE, SUITE 101 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME CARTAYA, ROSA NAME STREET ADDRESS 2880 WEST FLAGLER STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAZQUEZ, JORGE I NAME NAME 4921 SW 87 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33144 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, RAFAEL NAME NAME STREET ADDRESS 10967 BIRD ROAD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**