2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 23, 2000 8:00 am Secretary of State DOCUMENT # N97000000254 1. Entity Name Iglesia Pentecostal Pricipe De Paz La 05-23-2000 90192 019 ****61.25 "Senda Antiuga", Inc. Mailing Address Principal Place of Business 3204 N.E. 2ND AVE MIAMI, FLORIDA 33127 00048369 2. Principal Place of Business SAME AS ABOVE 3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. , Applied For City & State City & State 4. FEI Number Not Applicable 65-0804821 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVERA, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1310 N.W. 132ND TERRACE MIAMI, FLORIDA 33167 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NUW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ELDER CO Change Addition TITLE ☐ Delete TITLE NAME PABLO AROCH NAME STREET ADDRESS STREET ADDRESS 10011 NW 26th AVE CITY-ST-7IP CiTY-ST-7IP MIAMI, FL:33147 X Change ☐ Addition ☐ Delete TITLE TITLE ELDER NAME NAME OLGA LYDIA AROCH STREET ADDRESS STREET ADDRESS 10011 NW 26th AVERET CITY-ST-ZIP -City-St-Zip -MIAMI, FL 33147 X Change ■ Addition ☐ Delete TITLE ELDER NAME OCTAVIO CABRERA STREET ADDRESS STREET ADDRESS 786 NW 36th STREET MIAMI FL33127 CITY-ST-ZiP CITY-ST-ZIF ELDER Change ☐ Addition ☐ Delete DORA CABRERA NAME NAME 786 NW 36th STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33127 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ALL M. RODRIGUEZ SECRETARY 04/28/00 (305) 279-3690 WOTK