2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2000 8:00 am Secretary of State N9900000 3521 DOCUMENT # Đ/ 1. Entity Name MINISTERIO JESUCRISTO REFUGIO Y 08-08-2000 90019 017 ****70.00 ESPERANZA PARA TODOS, INC. Principal Place of Business Mailing Address PO BOX 83-0574 PO BOX 83-0574 MIAMI, FL 33283-MIAMI, FL 33283-00077066 0574 2. Principal Place of Business PO BoX 83-0574 3. Mailing Address OOX 83-0574 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State FL 65-1018703 MIAMI MIAMI Not Applicable 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 WENDY I - FIGUEROA WENDY GONZALEZ Street Address (P.O. Box Number is Not Acceptable) SW 186 STREET 90TH. TERRACE SW 33177 MIAMI. MIAMI 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. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. resident TITLE ☐ Delete TITLE WENDY I, FIGUEROA 11631 SW 90TH TERRACE I, FIGUEROA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI vice-President Addition TITLE ☐ Change ☐ Delete TITLE Oscar A. Figueroa NAME NAME 116315W90 temace STREET ADDRESS STREET ADDRESS CITY-ST-7IP Manu, 71. 33176 CITY-ST-7IP Secretary Admana Martineza 11631 SW90 Tenaca ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS mami, 71. 33176 CITY-ST-ZIP CITY-ST-ZIP Treasurer Noel A. Martinez 11631 SW90 Trace ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS Miami, 71. 33176 CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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: