2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N 9900000 4/20 Apr 22, 2000 8:00 am 1. Entity Name TOWER ART CENTER AT LATIN Quester Inc. **Secretary of State** 04-22-2000 90113 035 ****61.25 Principal Place of Business Mailing Address 1508 S.W. 81 St. Minmi, Fl. 33135 D0035487 3. Mailing Address 2. Principal Place of Business 15085.W. 8th St. Miami Fl. The Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Miami Fl.
Country 65-0932646 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rene Catheria Street Address (P.O. Box Number is Not Acceptable) 4201 S.W. 11th St. Miami F1. 33134 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PRES. Addition TITLE ☐ Change TITLE ☐ Delete Saime Angulo 10700 5 W. 38 Ct. NAME NAME STREET ADDRESS STREET ADDRESS Miami F1. 33176 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition WICE-PRES. Delete TITLE TITLE CESAR R. SOTO 1222 Sevilla AVE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Conul Gulles, Fl. 33134 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [Addition ☐ Delete 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-ZIP □ Change ☐ Addition Delete TITLE 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: Cosum 12. Solar V.P. CESAR R. SOTO 4-17-00 (305) 461-5692