FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # **Secretary of State** AGUAVIJA SPRINGWATER, INC 05-16-2001 90239 036 ***150.00 Principal Place of Business Mailing Address 401-69TH STREET 5333 COLLING AV MIAMIFLATESK #108 HIAHIFLA 10066915 33141 33140 3. Mailing Address 2. Principal Place of Business 101-69 TH. STREET 5333 COLLINS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3 K City & State Applied For City & State . 4. FEI Number MIAM, BEACH 11AMI 65_1086356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33140 DADE Fee Required DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAIH AMAR 401-69TH STREET STEPHANE AMAR Street Address (P.O. Box Number is Not Acceptable)
5333 COLLINS AU # 10 8 MIANI BEACH FLORIDATE 3K 33141 Zip Code 33140 8. The above named entity submits this statement for the purpose of changing its registered office or HAIH AHAR-PRESUPENT - STERIORE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. HAIH AMAR PRESID, - Delete VICE PRESIDENT TITLE STE PHANE AMAR 401-69 TH. ST. #3K NAME 5333 COLLINS AV # 108 STREET ADDRESS STREET ADDRESS MIANIBEACH FL 33140 CITY-ST-7IP TREASURY AHAR CITY-ST-ZIP ☐ Delete TITLE NAME NAME 5333 COLLINSAV STREET ADDRESS STREET ADDRESS HIAHI FL. 33140 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete Thange TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the examption 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 agriculture 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 fedured by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF