2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P00000018982 Secretary of State 05-02-2001 90165 015 ***150.00 ALBACORE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2845 SW GOTH CT. 2845-SW-09TH-CT:~ MIAMI FL 00156 WANT FL 22155 2. Principal Place of Business 4444 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$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 RIVERO, LUIS J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2045 SW 69TH CT. MIAMI-FL 33155-City Zip Code 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 life if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition TITLE ☐ Delete TITLE ., ERNESTO SOSA, ERNESTO G 050, ER 444 SW NAME NAME AVE \$105 STREET ADDRESS 2845 SW 69TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Change ☐ Addition TITLE Delete TITLE CARTAYA, DORA MAME NAME STREET ADDRESS 2845 SW 69TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE . -- : Detete = " Change ☐ Addition Marcia onzwez. GONZALEZ, MARCIA NAME 44 SW 71 AVE # 105 STREET ADDRESS 2845 SW 69TH CT. STREET ADORESS CITY-ST-718 CITY-ST-ZIP MIAMI FL 33155 TITLE -Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with-an adjects, with all other like empowered. changed, or on an attachment with

FILED May 24, 2001 8:00 am Secretary of State