FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 31, 2001 8:00 am DOCUMENT # P 000000 30587 Secretary of State M.P. Ediciones Corp. 05-31-2001 90001 004 ***150.00 14397 S.W 100 LANE 5 ane MIAMI FG 33186 553347 2. Principal Place of Business 3. Mailing Address Same. SAML Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LQVY, Jose M 14397 S.W. 100 LANE Street Address (P.O. Box Number is Not Acceptable) Zip Code HIAMI, FLA, 33186 City FI 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: agistered Agent signature required when reinstating) DATE FEE IS \$150.00 FILE NOW!!! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (11/00) ☐ Addition Change ☐ Delete THILE TITLE Lavy, Jose M NAME NAME 14397 S.W. 100 LANC STREET ADDRESS STREET ADDRESS MIAMI, FLA 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Islesias, Miguel TITLE NAME NAME 14397 S.W. 100 LANC STREET ADDRESS STREET ADDRESS HIAMI, FG 33186 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition . Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 a 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 address, with all other like empowered. 4-27-01 307-887-4/85 Date Daytime Phone

D TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: