2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRIN

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000038328 1. Entity Name LA GRAN PINATA USA. INC. 04-30-2001 90413 049 ***150 00 Mailing Address Principal Place of Business 4100 N POWERLINE ROAD SUITE X-5 4100 N POWERLINE ROAD SUITE X-5 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-1001681 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KULAK, ROBERT R Street Address (P.O. Box Number is Not Acceptable) C/O IPCS, INC. 8741 NW 57TH STREET TAMARAC FL 33351 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 title 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 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 12. 11. ☐ Addition ☐ Delete TITLE TITLE HOYOS, NESTOR R NAME NAME STREET ADDRESS 1539 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP DE HOYOS, MYRIAM RENDON Change ☐ Delete TITLE TITLE DE HOYOS, MYRIAM RENDEN NAME NAME LA GRAN PINATA DE BOGOTA LIDA STREET ADDRESS LA GRAN PIFISTA DE BOGOTA LTDA CALLE 167 STREET ADDRESS calle 167 48-75 BOGOTA, COLOMBIA NO 48-75, BOGOTA COLOMBIA CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true employed 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 address, with all other like empowered.