DOCUMENT # POOCOO 3905 A FIRED SECRETARY OF STALE SECRETARY OF STALE AD & UIRA TINC. OI MAY 24 AM 9: 22 Principal Place of Business 1224 BRICK RELL AV. MI AM I, FL. 33131 COP PARKINE MELEN DEE (Andro Suite 1200 Suite Apr. 4 oc. Suite 1200 Suite Apr. 4 oc. Suite 1200 Suite Apr. 4 oc. Suite 1200 Suite Apr. 5 oc. Suite 1200 Cor 3 Suite MIRTH, FL. 3 33131 COUNTY Suite 1200 Cor 4 Suite Cor Po RATION SERVICE COM PANY 12 0 1 HAY 5 ST. TALLA HI SSET, FL. 3 2 50 1 CIV FL Suite Apr. 4 oc. Suite 1200 Cor Parkine Meland Address of Current Registered Agent Cor Po RATION SERVICE COM PANY 12 0 1 HAY 5 ST. TALLA HI SSET, FL. 3 2 50 1 CIV FL Suite Apr. 4 oc. Suite Apr.	2001	UNIFORM BUSI	NESS REPOI	RT (UBF	3)				
Principal Place of Business 1221 BRICKELL AV. 1224 BRICKELL AV. 5 UTE-1200 MIAMI, FL. 33131 C/O PATRICIA MENENDE (AN BO) 2. Principal Place of Business 1221 Brickell Avenue 1221	DOCUMENT # P000000 39951						SEC	FILED FTARY OF	STATE	ne.
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City & State Miami, FLA City & State Miami, FLA Country USA 33 13 1 Country USA Country Name Name Name Name Name Name Name Name Name Street Address of New Registered Agent City FL Zip Code City FL Zip City City FL Zip Code City FL Zip City City FL City City FL City	1221 Brickell Avenue 1221 Brickell Avenue c/o P Suite, Apt. #, etc. Suite, Apt. #, etc.				ricia Mei	néndez	DO NOT WRITE IN THIS SPACE			
Corrollar Name and Address of New Registered Agent Name N	City & State	tte City & State I.A Miami, FLA					4. FEI Number 65 - 100 6968		<u> </u>	·
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	33131	Country USA	33131	Counti	USA		5. Certificate of Status Desire			
Street Address (P.O. Box Number is Not Acceptable)							7. Name and Address of Ne	w Registered A	gent	
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) 10. Election Campaign Financing Trust Fund Contribution. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution. \$5.00 May Be Added to Fees (NAME FUND FEE) Trust Fund Contribution.	1201 HAYS ST.									
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Delete 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. Election Campaign Financing Trust Fund Contribution. 45.00 May Be Added to Fees A	The above named entity submits this statement for the purpose of changing its register.					registered	d agent, or both, in the State of		Zip Code	
(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE	SIGNATURE .	Signature, typed or printed name of registered agent at praction is eligible to satisfy its Intangible	nd title if applicable. (NOTE:	Registered	Agent signatu S. \$150.0	re required w	hen reinstating) 10. Election Campaign	DATE n Financing		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY	(See criter	ia on back)	Make Check Payable	to De	partment	of State	rust i dia condid	dion.		10 1 663
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE D/S PATRIC I A MENENDEZ CAM BÓ STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE CEO CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE DELET MIAMI, FL., 33131 Change Addition Change Addition Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP CHARG	11.	OFFICERS AND [DIRECTORS	12.			ADDITIONS/CHANGES TO	OFFICERS AND I	DIRECTORS	
TITLE NAME NAME PATRICIA MENENDEZ CAMBÓ STREET ADDRESS CITY-ST-ZIP NAME NAME PATRICIA MENENDEZ CAMBÓ STREET ADDRESS 12 2 1 BRICKELL AVENUE CITY-ST-ZIP MIAMI, FL. 33 1 3 1 Change Addition Change Addition Change Addition Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL, 3 3 1 3 1	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS	RAFA6 1221	BRICKELL AU.		⊠ Change	☐ Addition
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	CITY-ST-ZIP TITLE			TITLE	o1-ZIP	M14M V5	1, 16, 00101		Channe	

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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

☐ Delete

☐ Delete

SIGNATURE: PATRICIA MENENDEZ CAMBO P. M. CALLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

TITLE NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SILVIA M. GARRIGO

MIAMI, FL., 33131

1221 BRICKELL AVENUE

305-9255417

Change

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☐ Addition