2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # P00000044498 ENTRADA GROUP, INC. 05-07-2001 90032 047 ***150.00 Principal Place of Business Mailing Address 13200 S.W. 128 STREET, SUITE F-1 13200 S.W. 128 STREET, SUITE F-1 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 13343 S.W. 884 3. Mailing Address 13343 S.W. 88th Ave. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1056063 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 SALSAMENDI, FERNANDO JR. 13200 S.W. 128 STREET, SUITE F-1 MIAMI FL 33186 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** ☐ Delete TITLE Change ☐ Addition SALSAMENDI, FERNANDO JR. NAME NAME 13343 S.W. 88 HAve. STREET ADDRESS 13200 S.W. 128 STREET, SUITE F-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 ke empowered. Masourt SIGNATURE: FARMINDO SOLSZUENOLNIR

SIGNING OFFICER OR DIRECTOR