2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE P00000049445 DOCUMENT # DIVISION OF CORPORATIONS 1. Entity Name TORINO INVESTMENTS, CORP. n3 nct 24 PM12: 12 Principal Place of Business Mailing Address 90010040 11401 N.W. 12TH ST., #304 11401 N.W. 12TH ST., #304 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1009667 Not Applicable Zip Country Zip Country-\$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 Name FERNANDOIS, ELSA Street Address (P.O. Box Number is Not Acceptable) 11401 N.W. 12TH ST., #E-304 **MIAMI FL 33172** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE .. Signature, typed or printed hame of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Efection Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE Addition TITLE Delete ☐ Change FERNANDOIS, ELSA NAME NAME 11401 N.W. 12TH ST., #E-304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE .Deleta, Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ПЦЕ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ΠŒ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. 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 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 10 or Block 11 if

SIGNATURE:

DELEG FERNANDER 01/20

May 15, 2003

I did not receive the notice that advised me of a returned check and of your intent to administratively dissolve in 60 days. Therefore I am requesting a waiver of the reinstatement fee and penalty.

Amount due \$165.00

Ms. Pat Bailey
Accountant II
Florida Division of Corporation

Dear Ms Bailey

I did received your fax (copy enclosed) on May 16, 2003.

After our telephone conversation and following your instructions I sent to you a money order # 968873740 (copy enclosed) for \$165.00 in reference to our Corporation Torino Investments, Corp. Doc. # P00000049445. I do not know what happened, but I noticed today that my Corporation is still dissolved.

I did appreciate your help at the time I talked to you by telephone.

Thank you for your help,

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