2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P00000654331 1. Entity Name MUNDO HISPANO, INC. 04-17-2001 90153 008 ***150.00 Mailing Address Principal Place of Business 491 RACQUET CLUB ROAD 491 RACQUET CLUB ROAD BUILDING 130. #101 BUILDING 130. #101 **CODDODDO** WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address 7270 NW 36 Street 7220 MW 36 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Süle Suit Applied For 4. FEI Number City & State City & State 65-Not Applicable MIAMI MIAMI \$8.75 Additional Country Country 5. Certificate of Status Desired USA Fee Required 33166 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARBI, MARCO A Street Address (P.O. Box Number is Not Acceptable) **491 RACQUET CLUB ROAD** BUILDING 130, #101 WESTON FL 33326 Zip Code City 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE PTD Delete TITLE NAME GARBI, MARCO A NAME STREET ADDRESS **491 RACQUET CLUB ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Addition Change ☐ Delete TITLE TITLE NAME VALDERRAMA, MARIA C NAME STREET ADDRESS 491 RACQUET CLUB ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WESTON FL 33326 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP -☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/01

(305) 640-1251

Daytime Phone #