2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2003 8:00 am Secretary of State P00000062938 **DOCUMENT #** 1. Entity Name 03-20-2003 90146 035 ***150.00 WILIYÉR, INC. Principal Place of Business 8730 BISCAYNE BLVD. Mailing Address PO BOX 530242 MIAMI FL 33138 MIAM! FL 33153 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1032248 Applied For 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 **DURAN, LUIS GUILLERMO** Street Address (P.O. Box Number is Not Acceptable) 8730 BISCAYNE BLVD. MIAMI FL 33138 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition GUILLERMO DURAN, LUIS NAME NAME 18730 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition Duran, Gersa Liliana NAME NAME 8730 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME 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

12. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute

changed, or on an attachment with an address, with all other li

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exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature/shall have the same legal effect as if made under oath; that I am an officer or director equires by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

305-754-0548

FILED