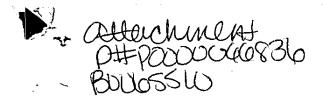
FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2001 8:00 am Secretary of State DOCUMENT #_P00000066836 1. Entity Name 09-17-2001 90147 041 ***150.00 MADAME TIN, INC. Principal Place of Business Mailing Address 7345 Coldstream Drive 7345 Coldstream Drive Miami, Florida 33015 Miami, Florida 33015 R0065510 2. Principal Place of Business 3. Mailing Address 231 Altara Avenue 231 Altara Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Coral Gables, FL City & State Applied For 4. FEI Number Coral Gables, FL Not Applicable 65-1023388 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33146 USA 33146 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINARES, CRISTINA 7345 Coldstream Drive Street Address (P.O. Box Number is Not Acceptable) 231 Altara Avenue Miami, Florida 33015 CityCoral Gables Zip Code 6 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) FILE NOW ITAFEE IS \$150.00 AVAITAGE WILL DE \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Rayable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (X) Change Addition THILE ☐ Defele TITLE LINARES, CRISTINA NAME 231 Altara Avenue 7345 Coldstream Drive STREET ADDRESS STREET ADDRESS Coral Gables, FL 33146 Miami, Florida 33015 CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE TITLE UAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Uelete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE [Cielete TITLE Change Addition MAINE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



August 27, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

RE: Madame Tin, Inc.

Document #P0000066836

2001 Uniform Business Report (UBR)

Gentlemen:

Enclosed find our 2001 Uniform Business Report and our \$150.00 check for the filing fee.

Please be advised that due to our change of address, we never received the 2001 Uniform Business Report in the mail. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

Our new mailing address is: 231 Altara Avenue, Coral Gables, Florida 33146

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

Ms. Cristina Linares President