2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State P00000070274 DOCUMENT # 1. Entity Name 04-30-2002 90171 021 ***150.00 COMPTECH ANDALUSEA CORP. Mailing Address Principal Place of Business 10258 N.W. 52ND LANE 10258 N.W. 52ND LANE MIAMI FL 33178 MIAMI FL 33178 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-1037172 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAHME, RAMI Street Address (P.O. Box Number is Not Acceptable) 10258 N.W. 52ND LANE MIAMI FL 33178 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. الي بيهم والإنجام بها الحاجات (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) و ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLÉ NAME RAHME, RAMI NAME STREET ADDRESS 10258 N.W. 52ND LANE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP __.Change Delete TITLE ~ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change · Maddition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if shaped or on an attachment with an address with all other like consequence.

FILED

Daytime Phone #