2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P0000070607 Secretary of State 1. Entity Name VANITEX, INC. 05-02-2001 90010 029 ***150.00 Principal Place of Business Mailing Address 9332 SW 164TH COURT 9932-9W-164TH COURT-MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1026616 City & State Applied For Not Applicable Zip Country 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 JARAMILLO, OMAYRA Street Address (P.O. Box Number is Not Acceptable) 9332 SW 164TH COURT **MIAMI FL 33196** City Zio 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME JARAMILLO, OMAYRA STREET ADDRESS STREET ADDRESS 9332 SW 164TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 TITLE ☐ Delete TITLE NAME JARAMILLO, GILBERTO STREET ADDRESS STREET ADDRESS 9332 SW 164TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME JARAMILLO, PILAR STREET ADDRESS STREET ADDRESS 9332 SW 164TH COURT CITY-ST-7IP CITY-ST-ZIP MIAM! FL 33196 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 13. I hereby certify that the infor nation supplied with this filing

13. I hereby certify that the information supplied with this filing coes 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 reserver 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: XUMOYIO VOI AMILEO SIGNING OFFICER OR DIRECTOR

resident 4/06/01 305 386 8322

Daytime Phone #