SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P00000071448 D.C. ENGINEERING-CONSTRUCTION, INC. 05-16-2001 90259 019 ***158.75 Principal Place of Business Mailing Address 8855 SW 172ND TERR. 8855 SW 172ND TERR. MIAMI FL 33157 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAICEDO, DANILO Street Address (P.O. Box Number is Not Acceptable) 8855 SW 172ND TERR. **MIAMI FL 33157** 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) DATE 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 \$5.00 May Be 10. Election Campaign Financing Atter 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 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition **PSTD** TITLE TITLE □ Delete CAICEDO, DANILO NAME NAME STREET ADDRESS 8855 SW 172ND TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete 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 signal re 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 smoowfred to execute this report a reported by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter or or an attachment with an address, with all other like amnowered.

Daytime Phone #