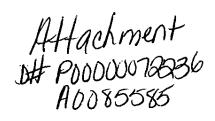
FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2001 8:00 am Secretary of State DOCUMENT # P000000 72236 09-13-2001 90016 016 ***150.00 NOVARA, INC. Principal Place of Business Mailing Address 4625 OLD WINTER GARDEN ORLANDO, FL 32811 A0085585 2. Principal Place of Business 3. Mailing Address 4625 OLD WINTER GARDEN Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-103483 ORLANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired 327 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Aguas Street Address (P.O. Box Number is Not Acceptable) 4625 OID WINTER GARDEN SUITE BS ORLANDO, FL 32811 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. 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 \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE President ☐ Delete TITLE Addition NAME CARLOS R ROJAS NAME 4625 010 WINTER GARDEN APT BS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLAND, FL 32811 CITY-ST-ZIP TITLE VICE Prosident ☐ Delete ☐ Change ☐ Addition RAUL ROYAS NAME NAME 4625 OLD WINTER GARDEN ORLANDO, FL 32811 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREUSURER TITLE Change Addition NAME MANTHA GARCIA STREET ADDRESS 4625 DID WINTER GARden #35 STREET ADDRESS CITY-ST-ZIP ORLANDO, PZ 32811 CITY-ST-ZIP SecreTA-r4 TITLE TITLE Change Change ☐ Addition Jorge A. Rojas NAME NAME YOZ - OLD WISTER GARDEN # 05 ORLANDO, FL 32811 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIRRETOR TITLE TITLE ☐ Change ☐ Addition NAME LUIS A AGUAS NAME STREET ADDRESS 4625 OLD WINTER GARden #B5 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407 758 5926

(5/01



August 30,2001

Florida Department of State Division of Corporation P.O.Box 6327 Tallahassee, Fl. 32314

Dear: Sirs

Enclosed you'll find check in the amount of \$150.00 and the Uniform Business report form for Novara, Inc. Document #P0000072236. Per your instruction, I am now submitting this. I don't know whatever happened to the corporation renewal forms of the past year. I never received anything from you. Please adjust your records to reflect all the information I am now providing regarding said corporation. Should you have any question on the enclosed, please give me a call. Thank you for your consideration on this matter.

Sincerely.

Director Novara, Inc.