2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE: *

May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000076104 1. Entity Name WORLD OF MICA, INC. 05-11-2001 90032 035 ***150.00 Principal Place of Business Mailing Address 6278 WEST 22 COURT #18 6278 WEST-22-COURT-#18-HIALEAH FL 33016 HIALEAH-FL 33016-2. Principal Place of Business 3. Mailing Address W 22 et #18 6338 W. J 4 7710 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State City & State 4. FEI Number Applied For FLORIOA HIALEAH FLORID A 65-103 1882 HIALEAH Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33016 U5A 33016 UJA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANÇO, MARIA D Street Address (P.O. Box Number is Not Acceptable) 6278 WEST 22 COURT #18 HIALEAH FL 33016 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME SANTOS, JORGE NAME STREET ADDRESS 6278 WEST 22 COURT #18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ٧ ☐ Addition TITLE ☐ Defete TITLE Change FRANCO, MARIA D NAME NAME STREET ADDRESS 6278 WEST 22 COURT #18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ■ Addition TITLE Delete TITLE Change NAME 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-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

JORGE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES10ENT

SANTOS

FILED