2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am DOCUMENT # P0000083026 Secretary of State ELCO MIAMI, ING. CAREL MIAMI, INC. 05-12-2001 90034 015 ***150.00 Principal Place of Business Mailing Address 7601 NW 68 STREET-BAY 113 7601 NW 68 STREET-BAY 113 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Rusings 6.8 ST. 3. Mailing Address 7601 NW 68 ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BAY 112 4. FEI Number 65-1036985 City & State Applied For MIAMI Not Applicable Country USA \$8.75 Additional 33166 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAMBRANO, JOSE ZAMBRANO, JOSE Street Address (P.O. Box Number is Not Acceptable) 7601 NW 68 STREET-BAY 113 **MIAMI FL 33166** BAY 112 MIAMI 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 nar (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, **PSTD** CR2E034 (10/00) TITLE Delete Change ☐ Addition ZAMBRANO JOSE ZAMBRANO, JOSE NAME NAME 7601 NW 68 ST BAY 112 7601 NW 68 STREET-BAY 113 STREET ADDRESS STREET ADDRESS MIAMI, FL. 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRI E OF SIGNING OFFICER OR DIRECT 4/26/01