2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2001 08:00 AM DOCUMENT # P0000083616 1. Entity Name **Secretary of State** A.S.A. INVESTMENTS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 9485 SUNSET DR STE A-295 9485 SUNSET DR STE A-295 MIAMI FL FLMIAMI 33173 33173 2. Principal Place of Business 3. Mailing Address 9485 S.W. 72 STREET 9485 S.W. 72 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A295 City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI FLNot Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33173 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAUL GARCIA CARLOS 1700 UNIVERSITY DR STE 110 Street Address (P.O. Box Number is Not Acceptable) 9485 S.W. 72 STREET CORAL SPRINGS FL33071 City Zip Code 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. CARLOS M. GARCIA 01/19/2001 Signature, typed or printed name of registered agent and title if applicable. (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. 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 X Addition CR2E034 (11/00) ☐ Change MAME NAME SIERRA FELIX M STREET ADDRESS STREET ADDRESS 9485 S.W. 72 STREET #A295 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition NAME NAME GARCIA GENARO STREET ADDRESS STREET ADDRESS 9485 S.W. 72 STREET #A295 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL33173 ☐ Delete TITLE ☐ Change X Addition NAME GARCIA CARLOS STREET ADDRESS STREET ADDRESS 9485 S.W. 72 STREET #A295 CITY-ST-ZIP CITY-ST-ZIP МІАМІ 33173 FL. ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M. GARCIA SEC. 01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #