2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000088640 Mar 05, 2001 8:00 am Secretary of State J C PROPERTIES, INC. 03-05-2001 90280 015 ***150.00 Principal Place of Business Mailing Address 5935 N.W. 38TH ST. 5935 N.W. 38TH ST. VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS FL 33166 124100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1041272. City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARMONA, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 5935 N.W. 38TH ST. VIRGINIA GARDENS FL 33166 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITEF Delete TITLE Change Addition CARMONA, GUILLERMO NAME NAME STREET ADDRESS 5935 N.W. 38TH ST. STREET ADDRESS CITY-ST-ZIP VIRGINIA GARDENS FL 33166 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change Addition LOPEZ, JOSE M NAME NAME STREET ADDRESS 8015 S.W. 107TH AVE APT 311 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CiTY-ST-7IP TD TITLE ☐ Delete TITLE Change Addition HERNANDEZ, JOSE A NAME NAME STREET ADDRESS 5935 N.W. 38TH ST. STREET ADDRESS CITY-ST-ZIP **VIRGINIA GARDENS FL 33166** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MARTINEZ-FORTUN, ELISA NAME NAME STREET ADDRESS 8015 S.W. 107TH AVE APT 311 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR