2001 UNIFORM BUSINESS REPORT (UBR)

5/:

FILED
Jun 06, 2001 8:00 am
Secretary of State
05-10-2001 90128 045 ***150.00

DOCUMENT # P00000089689 ✓

1. Entity Name
A & A AFFILIATES, INC.

Principal Place of Business	Mailing Address
9494 N.W. 52ND. DORAL LN. MIAMI, FL 33178	9494 N.W. 52Nd. DORAL LN. MIAMI, FL 33178

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11137 N.W. 72nd. TERR.	11137 N.W. 72nd. TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 65-1061416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SENA, ALEXANDRE 9494 N.W. 52 ND DORAL LN. MIAMI, FL 33178	Name: EDUARDO S. GONZALEZ; Street Address (P.O. Box Number is Not Acceptable): 8180 N.W. 36 ST. SUITE 230; City: MIAMI FL Zip Code 33166

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] EDUARDO S. GONZALEZ DATE 4-27-01
(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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NO LATER THAN MAY 1, 2001 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: D, P, T, S; NAME: DE SENA, VALDETE M.; STREET ADDRESS: 11137 N.W. 72nd. TERR.; CITY-ST-ZIP: MIAMI FL 33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] assistant to the President — 4-27-01 — (305) 477-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #