FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P00000096998 1. Entity Name NESISM INC. 05-01-2002 91598 047 ***150.00 Principal Place of Business Mailing Address 19631 S.W. 121ST AVENUE 19631 S.W. 121ST AVENUE MIAMI FL 33177 MIAM! FL 33177 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1045346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRERA, JOSE L 19631 S.W. 121ST AVENUE MIAMI FL 33177 8.2 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees 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 CARRERA, JOSE L NAME 11760 SW 179 TERROCE STREET ADDRESS 19631 S.W. 121ST AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** miami ,A. 33177 CITY-ST-ZIP TITLE ST Delete TITLE Change ☐ Addition NAME CARRERA, MAUREEN NAME 11760 SW 179 TELLACE STREET ADDRESS 19631 S.W. 121ST AVENUE STREET ADDRESS MIAMILA 3317 CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

LUSCARRERA 4-12-02 PRINTED NAME OF SIGNING OFFICER