2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000098204 1. Entity Name L.C. OVERSEAS INVESTMENTS CORP. 04-27-2001 90382 017 ***150.00 Mailing Address Principal Place of Business 18480 N.W. 19TH STREET 18480 N.W. 19TH STREET PEMBROKE PINES FL 33209 PEMBROKE PINES FL 33209 00042684 3. Mailing Address 18480 N.W. 19TH ST. 2. Principal Place of Business 18480 N.W. 19TH ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PEHBROKE 4. FEI Number Applied For City & State PINES 65-1054021 PIDES Not Applicable PEMBLOKE Country USA Country zip 33029 \$8.75 Additional 5. Certificate of Status Desired 33029 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAHINO, LUIS 3 CAMINO, EDITH M Street Address (P.O. Box Number is Not Acceptable) 18480 N.W. 19TH STREET 18480 N.W. 19TH STREET PEMBROKE PINES FL 33209 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE PD TITLE CAMINO, EDITH M NAME NAME CAMINO, EDITH M 18480 N.W. 19TH ST. STREET ADDRESS STREET ADDRESS 18480 N.W. 19TH STREET PEMBROLLE PINES FL 33029 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33209 Delete cinino, luis B NAME NAME 18480 N.W. 19TH ST. STREET ADDRESS STREET ADDRESS 33029. PEMBLOKE PINES . FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 of 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Luis B. CAniNo

4/20/01

954-441. 4574

Daytime Phone #