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2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000098225 04-27-2001 90259 029 ***150.00 EARTHSEARCH OF FLORIDA, CORP. Principal Place of Business Mailing Address 42 S.W. 34TH AVENUE 42 S.W. 34TH AVENUE MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65- 1096307 Not Applicable Zip Country 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 Name AMADO, JESUS H SR.CPA Street Address (P.O. Box Number is Not Acceptable) 42 S.W. 34TH AVENUE MIAMI FL 33135 Zip Code City 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, typod or printed name of registered agent and title if applicable (NOTS: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00 X Delete Change TITLE DI CAMPLI, ROBERTO AMADO ELIZABETH V, 42 S.W. BH AVE MIAMI FL 33135 NAME 5570 N.W. 84TH AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33166 SVD T Change ☐ Addition ☐ Delete TITLE AMADO JESUS H SR NAME STREET ADDRESS 42 S.W. 34TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MALE TITLE Addition NAME NAME STREET ADDRESS SYREET ADDRESS CITY-ST-ZIP CITY-ST-2(P 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 of the corporation or the receiver or trustee empowered to exceed the changed, or on an attachment with an address, with all other like empowered. H. AMA W. SR 04/20/01 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO