FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 22, 2001 8:00 am Secretary of State P00000100930 DOCUMENT# 1. Entity Name 05-22-2001 90740 001 ***300.00 CASA 610, INC. Principal Place of Business Mailing Address 1428 BRICKELL AVENUE 1428 BRICKELL AVENUE 4020 MAIN FLOOR MAIN FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FEI Number 65-1051881 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 Name MANGUART, JULIO E Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE MAIN FLOOR MIAMI, FL 33131 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 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 11. OFFICERS AND DIRECTORS 12 ☐ Defete Change Addition TITLE TITLE NAME NAME PRINETTO, VITTORIO STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVENUE MAIN FLOOR CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LLOBELL, FABIAN STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVENUE MAIN FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Delete TITLE ☐ Change Addition NAME NAME SANTANA, RAFAEL STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVENUE MAIN FLOOR CITY-ST-ZIP CITY-ST-ZIP MTAMI FT. 33131 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 prostee 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 a addyess, with all other like empowered.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

Change

Addition