FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P00000104502 **DOCUMENT #** 1. Entity Name AQUA & MOTION, INC. 05-23-2002 90041 009 ***150.00 Mailing Address Principal Place of Business 3900 NW 79TH AVE 3900 NW 79TH AVE SUITE 324 SUITE 324 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1053709 ್ಲಾರಿ ಕನಿಯಾಕ ಕ್ಷಣ Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Luis G Oviedo OVIEDO, JUÁN Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79 Ave., 3900 NW 79TH AVE SUITE 324 Ste 324 MIAMI FL 33166 City Miami 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 dviledo Luis 2/26/02 President SIGNATURE ** Signature, typed or prin 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 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete PST OVIEDO, JUAN CARLOS OVIEDO, LUIS G 3900 NW 79 AVE., SUITE 324 STREET ADDRESS STREET ADDRESS 3900 NW 79 Ave., Ste 324 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33166. TITLE Delete TITLE NAME OVIEDO, JUAN NAME 3900 NW=79TH AVE SUITE 324 🚤 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition

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 empowers 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

NAME STREET ADDRESS

> SIGNATURE AND TYPED OF PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

Dviedo

Luis

☐ Delete

Change

Addition

(9/01)55(59%)

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