32001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 8:00 am Secretary of State DOCUMENT # P00000109986 1. Entity Name GAIRA BAY TOURING, INC. 03-27-2001 90057 031 ***150.00 Mailing Address Principal Place of Business 3971 SW 8TH STREET SUITE 305 3971 SW 8TH STREET SUITE 305 MIAMI FL 33134 -295/ MIAMI FL 33134 -295/ UUUGJUGU 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-1077404 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent سوروسيسي ينجون يريين المؤسي الروسيان SOSA, GUILAINE LAMAR ESQ Street Address (P.O. Box Number is Not Acceptable) 3971 SW 8TH STREET SUITE 305 MIAMI FL 33134 - 2951 Zip Code 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, 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 \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition Delete Carlos A. Vives 3971 S.W. & Street, Suite#305 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33134-2951 CITY-ST-ZIP Change Addition Delete TITLE TITLE Eduardo A. Noquera # 305 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33134-2951 CITY=ST-ZIP ☐ Change A-Addition TITLE ☐ Delete TITLE Herlinda M. Vives 3971 S.W. 8 Street NAME NAME STREET ADDRESS STREET ADDRESS Mram', FL 33134-295/ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Rafael E. Sosa 3971 S.W. & Street, Suite #305 NAME NAME STREET ADDRESS STREET ADDRESS Mrami, FL 33134-2951 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with a) other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELE

3/19/01 (305)442-474

e / Daytime Phone