2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am Secrétary of State P01000004513 DOCUMENT # 1. Entity Name 07-15-2002 90185 020 ***550.00 AVG ASSOCIATES, INC. Principal Place of Business Mailing Address 7832 COLLINS AVENUE APT 203 7832 COLLINS AVENUE APT 203 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 17700 2 Au. 17700 IJŴ 2 AUENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-106746 7602104 MIAMI 91-1A9(1 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33169 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of 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 \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ■ Delete TITLE Change Addition NOVARA, VINCENZO NAME NAME 7832 COLLINS AVENUE APT 203 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME RODRIGUEZ, GERARDO NAME WN COFFI 2 405002 STREET ADDRESS 7832 COLLINS AVENUE APT 203 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP MIAMI 33169 TITLE ■ Delete TITLE Change ☐ Addition D NAME ROQUE, AIDA I NAME STREET-ADORES: 7832 COLLINS AVENUE APT 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE Change ☐ Addition NAME NOVARA, JEANETTE NAME JUL BUR 2 AUR BOFFI STREET ADDRESS 7832 COLLINS AVENUE APT 203 STREET ADDRESS CITY-ST-ZIE MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE Delete TITLE Change Addition ALEJAUDED PEZET NAME NAME 2 AUEUUE 17700 NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIZHI TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 all other like empowers

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE HER

FILED