2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 28, 2002 8:00 am Secretary of State P01000006549 DOCUMENT # 05-06-2002 90041 027 ***150.00 1. Entity Name ART VIEW CORP. Principal Place of Business Mailing Address 10081 COSTA DEL SOL BOULEVARD 10081 COSTA DEL SOL BOULEVARD MIAMI FL 33178 **MIAMI FL 33178** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65106R457 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code FL 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, 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 \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Addition Change NAME SOTO DE HIDALGO, BIRMA Y MAME 10081 COSTA DEL SOL BOULEVARD STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ENRIQUE HIDALGO SOTO, JONAS NAME STREET ADDRESS 10081 COSTA DEL SOL BOULEVARD STREET ADDRESS CITY-ST-7IP MIAMI FL 33178 CITY-ST-71P TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME ENRIQUE HIDALGO SOTO, JAVIER ---STREET ADDRESS 10081 COSTA DEL SOL BOULEVARD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empowered.

JAVIER HIDALGO 305-5923656 Date

FILED