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STE 380 City & State Applied For City & State City & State FEI Number Applied For MIAMI, FLORIDA Zip Country S. Certificate of Status Desired \$8.75 Additional Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 33186 USA Viral Applied 7. Name and Address of Current Registered Agent Name MARIA ISABEL ROJAS Street Address (P.O. Box Number is Not Acceptable) 15337 SW 179th TERR Zip Code City IS33187 Street Address (P.O. Box Number is Not Acceptable) 33187 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. 11/07/2002 Signatury System or primer and new posterior of state is epiloable. (NOTE: Registered Agent signature registering) DATE 9. This corporation is eligible to satisfy its Intangible This yits Intangible Signatury 1: May 1 Fee its \$150.00 DATE
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9. This corporation is eligible to satisfy its Intangible January 1- May 1- Fee Is \$150.00
Tax filing requirement and elects to do so. After May 1, Fee 1s \$550.00 10. Election Campaign Financing \$5.00 May B (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State Added to Fees Added to Fees
11. OFFICERS AND DIRECTORS
ORLANDO VALENCIA 11/12/02-01053-005 **150.
STREET ADDRESS 15337 SW 179th TERR
ITLE SECRETARY
WAR MARIA ISABEL ROJAS
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3. 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 on an attachment with an address, with another like empowered.
SIGNATURE:
SIGNATURE AND TYPEDOR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Prome #

Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

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Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

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Please be advice that we never received a U.B.R. for the year, 2002, or any other notice from the Division of Corporations in respect with my Corporation ANVAR, CORP.

Thank you for your courtesy in this matter.

SECRETARY