FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 17, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000040775 1. Entity Name STAR INVESTMENT OF MIAMI, INC. 05-17-2002 90022 022 ***158.75 Principal Place of Business Mailing Address 11405 SW 7TH TERRACE 11405 SW 7TH TERRACE SÚITE D-6 SHITE D-6 MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address 2775 N. 52ND 2441 N. W. 93ed five Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #302 109B City & State City & State ----4.-FEI:Number Applied-For 410leak MIAMI, 65-1100559 Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 33016 33172 U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, EUSEBIO Street Address (P.O. Box Number is Not Acceptable) 11405 SW 7TH TERRACE SUITE D-6 MIAMI FL 33174 City 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 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 After May 1, 2002 Fee will be \$550.00 \$5.00 May Be 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 (9/01)☐ Addition NAME HERNANDEZ, EUSEBIO NAME STREET ADDRESS 11405 SW 7TH TERRACE SUITE D-6 STREET ADDRESS CITY-ST-7IP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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

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