04/11/02 THU 15:18 FAX 305 374 1156 FREEMAN, BUTTERMAN.

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90102 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049808
ENSENADA OF FLORIDA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
520 Brickell Key Dr.		520 Brickell Key Dr.	
Suite, Apt. #, etc. Suite 0-305		Suite, Apt. #, etc. Suite 0-305	
City & State Miami, FLorida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name TRANSGLOBAL CORPORATE ADMINISTRATION
Street Address (P.O. Box Number is Not Acceptable) ~~520 Brickell Key Drive~~
Suite 0-305
City Miami FL Zip Code 33131

DO NOT WRITE IN THIS SPACE

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) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	VARGAS, BERNARDO
STREET ADDRESS	520 Brickell Key Dr., Suite 0-305
CITY-ST-ZIP	Miami, Florida 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARDO VARGAS [signature] April 18/02 305 982 4579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #