2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Feb 05, 2002 8:00 am P01000066602 DOCUMENT # **Secretary of State** 1. Entity Name SERGRAF CORPORATION 02-05-2002 90189 041 ***150 00 Principal Place of Business Mailing Address 3900 NW 79 AVENUE SUITE 559 3900 NW-79-AVENUE SUITE 559 -MIAMI FL-33100 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address TOTH AVE 6955 NW 77TH AVE 6955 NW Suite, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE 30C 306 City & State 4. FEI Number 65-1118435 City & State Applied For MIMMI MIMMI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ろんしし USA 33164 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSE WILLIAM AVENDANO TOVAR, ILEANA ARIAS ESQ Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET SUITE 205 WESTON FL 33326 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 X e, typed or printed name of registered agent and t NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)TITLE ☐ Delete TITLE ☐ Addition ANEDANO JOSE WILLIAM 6955 NW 77TH ANE #30L AVENDANO, JOSE WILLIAM NAME NAME 3900 NW 79 AVENUE SUITE 559 CR2E034 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Addition **GUARIN, IDALY E** GUARIN IDALY E. NAME NAME 6955 NW 7714 AVE#306 3900 NW 79 AVENUE SUITE 559 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP Change Addition Addition TITLE ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE 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 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplimental 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 of 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 attact ment with an address, with all other like empowered.

ED-JOSE WILLIAM AVEDAND 1-15-03 (305)884-6008

PRESIDENT