FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2002 8:00 am P01000073868 **Secretary of State** DOCUMENT # 1. Entity Name 02-21-2002 90003 022 ***158.75 GIANT INVESTMENTS, INC. Principal Place of Business Mailing Address 15572 SW 112TH TERRACE 15572 SW 112TH TERRACE MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 15572 112 TEER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FLU RIDA MIAM Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MIANI-DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIA RAMIRE2 _M. RAMIREZ, HEMEL Street Address (P.O. Box Number is Not Acceptable 15572 SW 112TH TERRACE **MIAMI FL 33196** 33196 MIAMI 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 🛣 Addition P/D CR2E034 (9/01 TITLE ☐ Delete TITLE ramirez. Gil NAME NAME RAMIREZ HEMEL SR. 15572 SW 112TH TERRACE STREET ADDRESS STREET ADDRESS 15572 SW 112 MIAMI FL 33 MIAMI FL 33196 CITY-ST-ZIE CITY-ST-ZIP Addition Delete 5/b ☐ Change TITLE TITLE ramirez, Hemel NAME NAME MARIA M. RAMITLEZ

15572 SW 112TH TERRACE STREET ADDRESS STREET ADDRESS 115 ST. 15533 SW Miami FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-11-02

Date Daytime Phone #