MIAM! FL 33172 2. Principal Place of Business 73**5**5 5ame 25 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Florida luramī Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U'S.4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Valarino Bestria VALARINO, BEATRIZ V Street Address (P.O. Box Number is Not Acceptable 9431 FONTAINEBLEAU BLVD, #202 <u>5.00</u> **MIAMI FL 33172** 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 (NOTE: Registered Agent signature 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (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 Change Valarino, Bestria.V. NAME VALARINO, BEATRIZ V NAME STREET ADDRESS 9431 FONTAINEBLEAU BLVD, #202 STREET ADDRESS 7355 s. 62 place CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP FIORICOS TITLE ☑ Delete TITLE ☐ Addition NAME FOSCHI, GABRIELA NAME STREET ADDRESS 9431\_FONTAINEBLEAU\_BLVD, #202 STREET ADDRESS ے۔ ام CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME PEREZ, ALEJANDRO NAME STREET ADDRESS 9431 FONTAINEBLEAU BLVD, #202 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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:

SIGNATURE AND TYPED OF MEINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/2002

(305) 905-B367 Daytime Phone # CR2E034 (9/01)