FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P01000104596 DOCUMENT # 1. Entity Name 05-21-2002 91208 005 ***150.00 GRUPO RIVA, INC. Mailing Address Principal Place of Business 10740 WASHINGTON ST. #5-305 10740 WASHINGTON ST. #5-305 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business 3. Mailing Address RIINW 12/1NW) DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEL Number City & State City & State 65-Not Applicable embro mhro \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \mathcal{K} $\iota \nu \mathcal{A}$ RIVA, ANDRES Avenue 10740 WASHINGTON ST. #5-305 PEMBROKE PINES FL 33025 33029 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE RIVA, Andres NAME RIVA. ANDRES 1211 NW 187 Avenue STREET ADDRESS 10740 WASHINGTON ST. #5-305 STREET ADDRESS Embrake fines, FL 33029 CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP **X**_Change ☐ Addition ☐ Delete TITLE TITLE NAME CUELLAR, IVONNE T NAME 10740 WASHINGTON ST. #5-305 STREET ADDRESS STREET ADDRESS 33029 CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied vitth his fing 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 of trustee in powered 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 y with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #

SIGNATURE: