2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P01000116521 1. Entity Name 04-30-2002 90059 040 ***150.00 CORILLO, INC. Principal Place of Business Mailing Address 6300 SOUTHWEST 138TH COURT 6300 SOUTHWEST 138TH COURT SUITE 110 SUITE 110 MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 115 8166 Applied For Not Applicable Zip , Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Scrafin GARCIA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 MIAMI tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nar SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RIGUAL, PABLO E STREET ADDRESS STREET ADDRESS 6300 SOUTHWEST 138TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ۷D ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, SERAFIN JR NAME STREET ADDRESS STREET ADDRESS 6300 SOUTHWEST 138TH COURT CITY-ST-ZIP CITY-ST-7/P MIAMI FL 33183 TITLE ☐ Delete TITLE Change ☐ Addition STD NAME NAME PEREZ, ORLANDO STREET ADDRESS STREET ADDRESS 6300 SOUTHWEST 138TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4-12-02

305-2191704

FILED