2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000117884 DOCUMENT # 05-01-2003 90370 023 ***150 00 1. Entity Name TRAVELNET CLUB, INC. Principal Place of Business Mailing Address 242 NE 32 ST 242 NE 32 ST APT. #2 APT. #2 MIAM! FL 33137 **MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address 8695 NW Suite, Apt. #, etc. **110** Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 410 City & State City & State Applied For 4. FEI Number FL Miami MAMI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA U.S.A. 33126 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, JESUS I Street Address (P.O. Box Number is Not Acceptable) -242 NE 32 ST ---APT. #2 MIAMI FL 33137 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. I am familiar with, and accept the obligations of registered agent. SIF STURE Signature, typed or printer (NOTE: Registered Agent signature required when reinstating) licable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Change ☐ Addition TITLE ☐ Delete DIAZ, LESUS 1 8695 NW 6" LANE # 410 NAME DIAZ, JESUS I NAME 242 NE 32 ST APT. #2 STREET ADDRESS STREET ADDRESS Miami FL 33126 **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change GONZALEZ, RAQUEL C. BARRETO, GUSTAVO A NAME NAME 8695 NW 6TH LANE #110 STREET ADDRESS 15146 SW 94TH TERRACE STREET ADDRESS miami FL 33126 CITY-ST-7IP MIAMI FL 33196 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED