2004 FOR FRÓFIT CORPORATION REINSTATEMENT

OH NOV 23 PM 2: 05 DOCUMENT # P03000030698 1. Entity Name SACMI AMERICA, CORPORATION Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 13876 SW 13876 SW 56 St 56 St Suite, Apt. #, etc. Suite, Apt. #, etc. 11192004 REIN-P CR2E098 (6/04) #188 #188 City & State MIAMI City & State 4. FEI Number Applied For FL. 33175 FL33175 MIAMI 51-0454926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent, ARRUARANA, RODOLFO V Street Address (P.O. Box Number is Not Acceptable) 3876 SW 56 St Suite #188 Zip Code3 3 1 7 5 Miami 8. The above name ty 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE i[™] Change ☐ Delete Addition ARRUARANA, RODOEBO V ARRUARANA, DODOLFO V NAME NAME 13876 SW 56 St Súithe #188 STREET ADDRESS STREET ADDRESS Miami FL 33175 CITY-ST-ZIP CITY-ST-2IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplied that the properties 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 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 all other like empowered. SIGNATURE: 🚁 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

November 19, 2004

Uniform Business Report Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6198

DOC. #P03000030698

Re: SACMI AMERICA, CORPORATION NEW ADDRESS: 13876 SW 56TH ST SUITE 188 MIAMI FL 33175

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2004 According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$300.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT