2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 27, 2000 8:00 am Secretary of State DOCUMENT # P9300007183 TAURUS LINE, INC. 06-27-2000 90005 010 ***558.75 Mailing Address Principal Place of Business 5805 BYLE LAGOON DR 5805 BLUE LAGOON DR Suite 408 SUITE 408 MIAMI_FL_33126-2032 3. Mailing Address 2. Principal Place of Business 7964 NW 14TH FAM B Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0406342 MIAMI, FLORIAN Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33125 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Buitano. HECTOR Street Address (P.O. Box Number is Not Acceptable) BUITANO, HECTOR JR 5805 BLUE LAGOON DR SUITE 406 7964 NW 14TH STREET MIAMI FL 33126 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) X Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPST 🔀 Delete TITLE TITLE DPST BuitANO, HECTOR H NAME NAME BUITANO, HECTOR H STREET ADDRESS STREET ADDRESS 5805 BLUE LAGOON DR. STE 406 7964 pw 14 TH STEET, MIAM, 92 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE Delete TITLE BUITONO, HECTOR IR NAME NAME BUITANO, HECTOR JR STREET ADDRESS 7564 N.W 147HSTREET, DIAMI, 86 33126 STREET ADDRESS 5805 BLUE LAGOON DR, STE 406 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 NEQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

c(20/00 (3-5)265-007)

Daytime Phone #