2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am Secretary of State DOCUMENT # **P93000014548** 1. Entity Name ARLEIS, INC. 05-14-2001 90219 002 ***150.00 Principal Place of Business Mailing Address 1204 SW 8TH ST 1204 SW BTH ST MIAMI FL 33135 MIAMI FL 33135 UUU50549 HERE HALL BEING BERN BERN BERN HERE HALL BERN BIRK BERN BER 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 Applied For 65-0391902 Not Applicable Zip Country 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 Name ARIAS, ADOLFO Street Address (P.O. Box Number is Not Acceptable) 1204 SW 8TH ST MIAMI FL 33135 Zip Code FI 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 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ☐ Change ☐ Addition □ Delete TITLE ARIAS, ADOLFO NAME NAME STREET ADDRESS STREET ADDRESS 1204 SW 8TH ST CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33135 Delete ☐ Change TITLE TITLE Addition EARIDAD RVIZ FERRADAZ, LEONEL NAME NAME 5355 SW/46 AVE STREET ADDRESS STREET ADDRESS 1204 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** MIA FI 33/75 NOEL SAURT TITLE DS Delete TITLE ☐ Change Addition NAME GARCIA, ISABEL NAME 5355 SW 146 als STREET ADDRESS STREET ADDRESS 1204 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** TITLE Delete TITLE _ Change ___ ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered.

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

| | affachmen's |
|----------|-----------------|
| 1 | D00505493 |
| ON | # P938000145-48 |

| → · · · · · · · · · · · · · · · · · · · | (present name) | | | |
|---|--|--|--|--|
| Pursuant to the provisions of se following articles of amendment | ction 607.1006, Florida Statut to its articles of incorporation | es, this Florida profit corporation adopt | | |
| FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted) | | | | |
| | | | | |
| · | | | | |
| | | • | | |
| | | | | |
| | Carlos Agricolator Carlos Aparentes and | and the second s | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ECOND: If an amendment ovisions for implementing the a | provides for an exchange, reclumendment if not contained in | assification or cancellation of issued shather the amendment itself, are as follows: | | |
| The second second | • | a james tamas tamas | | |
| | | | | |
| | | | | |
| | • | | | |
| | | | | |

FOURTH: Adoption of Amendment(s) (CHECK ONE)

| | The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. |
|------------------|---|
| , | The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| | "The number of votes cast for the amendment(s) was/were sufficient for approval byvoting group |
| | Voting group |
| · o | The amendment(s) was/were adopted by the board of directors without shareholder action was not required. |
| | The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| | |
| Si | gned this, 19 |
| Signature \sum | Adolfo Ariai |
| · · · | (By the Chairman of Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) |
| | OR |
| | (By a director if adopted by the directors) # \$73000/45-4 \$ |
| | OR |
| | (By an incorporator if adopted by the incorporators) |
| | |
| • | |
| • | Typed or printed name |
| | |
| | |
| | Title |
| - | |