> 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000015124 Apr 24, 2000 8:00 am Secretary of State SUPER DEAL, INC. 04-24-2000 90168 009 ***150.00 Principal Place of Business Mailing Address 2760 W 63RD PL #23-102 2760 W 63RD PL #23-102 HIALEAH FL 33016 HIALEAH FL 33016-4312 Mailing Address 2. Principal Place of Business MEADE BLVD 231 BELLE MEADE ALVO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0392958 LORIDA MIAMI -Not Applicable \$8.75 Additional 5. Certificate of Status Desired MIAMI-DAGE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERNANDEZ JULIO FERNANDEZ, JULIO Street Address (P.O. Box Number is Not Acceptable) 2760 W 63RD PL #23-102 BELLE MEAGE BLUD HIALEAH FL-33016 of changing its registered office or registered agent, or both, in the State of Florida. ent for the purpose 8. The above named ent **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be - After MAY-1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD Change ... Addition TITLE TITLE PTD Delete FERNANDEZ JULIO 7231 BELLE MEADE BLVD MIAMI, FLORIDA 33138 NAME FERNANDEZ, JULIO STREET ADDRESS STREET ADDRESS 2760 W 63RD PL #23-102 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Change ☐ Addition TITLE TITLE Delete FERNANDEZ TULIO 7231 BELLE MEADE BLUD NAME NAME FERNANDEZ, JULIO STREET ADDRESS STREET ADDRESS 2760 W 63RD PL #23-102 MIAMI, FLORIDA 3313-P CITY-ST-ZIP CITY-ST-ZIP__ HIALEAH FL-33016----☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 readiver of trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE

PESIOEN

4-18-00 (305) 757-7356