FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P93000056106 CITY INVESTMENT, INC. 03-14-2000 90075 038 ***158.75 Principal Place of Business Mailing Address BRICKELL BAY DR 1111 BRICKELL BAY DR 00037 - 3#710 FL 33131 MIAMI FL 33131-2954 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0473464 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Bernard Benzal BENJALCI, BERNARD Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL BOY DR #710 **MIAMI FL 33131** City ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state 02/3/2000 SIGNATURE Signature, typed or prin agent and little 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete ☐ Change Addition BENZAKI, BERNARD NAME STREET ADDRESS STREET ADDRESS 1111 BRICKELL BAY DR #710 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 trusted 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 utility like empowered.

SIGNATURE:

BENZ MI

02/3/2000 (305) 357-18