FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000 AMENDED

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 11:45

DOCUMENT # P94000019095

1. Corporation Name
A.E. MASON LTD., CORP.

[redacted]

Principal Place of Business	Mailing Address
6368 NW 82ND AVE MIAMI FL 33178 US	6368 NW 82ND AVE MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/11/1994

4. FEI Number
65-0474646
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MASON, ANTHONY
6368 NW 82ND AVE
MIAMI FL 33178

10. Name and Address of New Registered Agent
81 Name G. David O'Leary, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 3020 N.W. 7th Ave.
83
84 City Miami Florida FL 85 Zip Code 33127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/15/2000
Sign here (signature of registered agent and date if applicable) (NOTE: Registered Agent signature required when name/address changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	P/S/T/D ☐ Change ☐ Addition
NAME	MASON, ANTHONY	1.2 NAME	Joy Mason
STREET ADDRESS	6368 NW 82ND AVE	1.3 STREET ADDRESS	6388 N.W. 82 Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33178
TITLE	VPTS ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MASON, JOYCE	2.2 NAME	
STREET ADDRESS	6368 NW 82ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	VP ☐ Change ☐ Addition
NAME	CUESTA RIGOBERTO	3.2 NAME	[redacted] Rigoberto Cuesta
STREET ADDRESS	6368 NW 82 AVE	3.3 STREET ADDRESS	6388 N.W. 82 Ave.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fla. 33178
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	000003273370--1
STREET ADDRESS		5.3 STREET ADDRESS	-06/01/00--01050--008
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	AD
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/2000 (305) 471-09[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
G. David O'Leary
Attorney / Trustee
Fla Bar # 193898

$6.25 [illegible]