O UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P950000 2907 1. Entity Name FILED MC. GRAWN INTERNATIONAL INC. 00 OCT 31 AM 10: 29 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 3180 Coral Way 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State <u>65-0554653</u> Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eusebio Penalver Street Address (P.O. Box Number is Not Acceptable) 3180 Coral Way Mianin FL 33145 Zip Code City is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent? (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII 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 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 11. TITLE Change Addition TITLE ☐ Delete NAME Eusebio Penalver NAME |**|03459488--**||709/00**--**01105--019 STREET ADDRESS STREET ADDRESS 3180 Coral Way CITY-S1-ZIF ****150.08 CHY-ST-ZiP ****150.80 <u> Miami, FL 33145</u> Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Andition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY+S1-ZiP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition | ☐ Delete TITLE TITLE NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information surplied 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 supplied that 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 rees of of 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 an address, with all other like empowered. SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MC. GRAWN INTERNATIONAL INC. DOC.#P95000002907

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY.

EUSEBIO PENALVER

PRESIDENT