2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000020128 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name DR. ESTEBAN & SHARON ANDERSON, INC. 04-25-2000 90050 018 \*\*\*150.00 Principal Place of Business Mailing Address 20800 Biscayne Blvd P.O. Box 3559 Aventura, Fl 33180 Hialeah, Fl 33013 2. Principal Place of Business 3. Mailing Address 1800 W. 49th Street P.O. Box 3541 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 217 City & State City & State 4. FEI Number Applied For Hialeah Hialeah, Not Applicable 65-0563295 Zip Country, Country Zip \$8.75 Additional 5. Certificate of Status Desired 33012 33013 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Perez-Cofino, Josefina Street Address (P.O. Box Number is Not Acceptable) 930 Washington # 206 Miami Beach, Fl 33139 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP TITLE	Anderson, Esteban Dr. Delete P.O. Box 3559 Hialeah, Fl 33013 n/a 226 E. 26 St, Hialeah 3301	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P.O. Box 3541 n/a 226 E. 26th St  Hialeah, Fl 33013 Hialeah, 33013
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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 empowered.			

SIGNATURE: \