2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P95000032013 SP INVESTORS, INC. 04-09-2001 90057 027 ***158.75 Principal Place of Susiness Mailing Address 2828 CORAL WAY 2828 CORAL WAY PENTHOUSE SUITE PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number 65-0589245 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 28282 CORAL WAY **PENTHOUSE** MIAMI FL 33145 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE ALVAREZ, MARCELO NAME NAME 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition HERNANDEZ, ANGEL NAME NAME STREET ADDRESS 2828 CORAL WAY PH STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE' TITLE ☐ Change Addition THOMPSON, WILLIAM NAME NAME 2828 LORA WAY-PIT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33145 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 the empowered.

VICE - PRESIDENT

Daytime Phone #

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR