FILED Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

| UNIFURM BUSINESS REPURT (UBR) | | | | | | | 04-28-2003 91523 015 ***150.00 | | | | | |
|---|-----------------------------------|---|--|---------------------|--|--------------------------------|--|---------------------|-----------------------|------------------------|-----------------|--|
| DOCUMENT # P95000038163 1. Entity Name BUEN AYRE INTERNATIONAL, INC. | | | | | | | | | ; | | | |
| Principal Place of Business Mailing Address | | | | | | 1 | - 10090392 |) | | | | |
| 169 EAST FL | AGLER ST. | | 169 EAST FLAGLER ST. | | | } | ************************************** | , | | | | |
| SUITE 1521 | | | SUITE 1521 | | | | | | | | | |
| MIAMI, FL 3 | 3131 | | MIAMI, FL 33131 | | | | | | | | | |
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| 2. Principal F | Place of Busin | ess | 3. Mailing Address | 3. Mailing Address | | | | | | | l | |
| Suite, Apt | # ota | | Suito Ant # ata | Suite, Apt. #, etc. | | | - | | | | | |
| Suite, Apri | . *, | | Suite, Apr. 1, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Stat | te | | City & State | City & State | | | 4. FEI Number Applied For | | | | | |
| <i>,</i> | | | 1 | | | " - = " | 65-0581491 | | <u> </u> | ot Applicable | 1 | |
| Zip Country | | | Zip | try | 5. Certificate of Status Desired \$8.75 Additional | | | ditional | 1 | | | |
| |] | | | Fee Hequired | | | | | ed | _ | | |
| | and Address of Curren | 7. Name and Address of New Registered Agent | | | | | | | | | | |
| SANCHEZ | NORBERT | O R | | | Name | | | | | | ļ | |
| | GLER STRI | ET | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 1521 MIAMI, FL | - | · . | | | ļ | | | | | | ļ | |
| · · | 33131 | • | | | İ | | | | | | | |
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| the obligat | e named entity tions of regist | y submits this statement : ered agent, | for the purpose of changing its | register | ed office or register | red agent, | or both, in the State of Fiori | da. Iam ta | miliar with, | , and accept | 1 | |
| | , | • | | | | | | | | | ļ | |
| SIGNATURE | Simplifie North | or primed name of registered age: | nt and title if anyticable (NOT | F Reusiere | d Agent Signature ខេត្តបន្ទិចប | 1 without relimbles | in a | DATE | | | | |
| olemania (Francisco de Caracione) | complete and the second | en statistica anno tentro d'an encontrata d'anteces d'en estàllis | | | | | | | : | | ┨ | |
| Afte | r May 1, 200 | i FEE IS <u>\$150.00</u> 33 Fee Will be \$550.00 Florida Department | of State | | | | Election Campaign Final Trust Fund Contribution. | | \$5. 0 Adde | 00 May Be d to Fees | | |
| 10. | <u> </u> | OFFICERS AND | D DIRECTORS | 11 | | ADDIT | ONS/CHANGES TO OFFIC | ERS AND D | IRECTOR | S IN 11 | 1 | |
| TITLE | STDP | | ☐ Delete | 1010 | | | ···· | | Change | Addition | នៃ | |
| NAME | SANCHEZ | NORBERTO R | | NAM | £ (| | | | _ | _ | ĮŠ | |
| STREET ADDRESS | 9060 S.W. | 56TH ST. | | STRE | £1 ADDRESS | | | | | | 4 | |
| CITY-ST-ZP | MIAMI, FL | 33165 | | спу | -ST-ZIP | | | | | | 10H | |
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| CITY-ST-2P | <u> </u> | | | CUA- | ST-2IP | | | | | | | |
| indiantad | Lan thin range | Lor foundamental report | n this filing does not qualify for is true and accurate and that r | my cianat | ura chall hava tha c | came lenal | l affact as it made under oat | th: that I am | an officer | or director | ¥ | |
| or the cor | poration or th | e receiver or irustee emp | powered to execute this report | as requir | ed by Chapter 607 | , Florida S | talutes; and that my name a | ippears in E | slock 10 or | Block 11 If | | |
| changed, | , or on an atta | coment with an address. | with all other like empowered. | | 80 | 0 | / / | | | | | |
| SIGNAT | URF-V | (Jacob | Nors | ERTO | R SAUCHE | 27 /1 | 25 4/22/03 | 305 | -37/- | 5666. | 1 | |
| | ~··-· > | SIGNATURE ANOTYPED OR | PRINTED NAME OF SIGNING OFFICER | OR DIRECT | OR . | | /Date / | Carri | me Phone # | | ĺ | |