2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # **P95000054979** 1. Entity Name FREIXAS CORP. 05-04-2001 90146 048 ***150.00 رازان الأراب فيستسم Principal Place of Business Mailing Address 8008 NW 68TH STREET BOOK NW-68TH-STREET ロサリオ・ママヤ MIAMI FL 33166 WIAMI-EL 33160 HQ-2. Principal Place of Business 3. Mailing Address 7967 N.W. 33 Stree 7967 N.W. 33 Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0598564 lam Not Applicable \$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 FREIXAS, CARMINA Street Address (P.O. Box Number is Not Acceptable) 1173 N.W. 128 PLACE MIAMI FL 33182 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME FREIXAS, FRANCISCO NAME STREET ADDRESS 1173 N.W. 128 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 ☐ Delete TITLE ☐ Change ■ Addition NAME FREIXAS, CARMINA NAME STREET ADDRESS 1173 N.W. 128 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 TITLE VD Delete TITLE ☐ Change ☐ Addition NAME FREIXAS, ESTEBAN V NAME STREET ADDRESS 1173 N.W. 128 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP TITLE Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 like empowered. SIGNATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: