2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000068413 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** ISOTECH INC. 03-28-2000 90008 047 ***150.00 Principal Place of Business Mailing Address 2600 N.W. 79TH AVENUE 2600 N.W. 79TH AVENUE MIAMI FL 33122 MIAMI FL 33122-1035 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0624871 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, CARLOS/É P.O. Box N<u>umb</u>er is Not A 2600 N.W. 797H AVENUE MIAM/FL 33122 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) 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 \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE NAME PEREZ/CABLOS E NAME STREET ADDRESS STREET ADDRESS 2600/N.W/79TH/AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FĽ 33122 ☐ Change ☐ Addition TITLE TITLE NAME NAME Perjez, jelia 2600 N.W. 7,9TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DETTE MORLANS Delete 2600 N.W. 79th Ave. Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS MILUI FL. 33122 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR