2000 UNIFORM BUSINESS REPORT (UBR)

May 08, 2000 8:00 am Secretary of State DOCUMENT # P95000091078 CONSTRUCTORA VAFER, INC. 05-08-2000 90054 006 ***150.00 Mailing Address Principal Place of Business 1810 WELTIN STREET 1810 WELTIN STREET ORLANDO FL 32803-2748 ORLANDO FL 32803 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3368708 Not Applicable Country \$8:75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARGAS, ALFONSO C Street Address (P.O. Box Number is Not Acceptable) 1810 WELTIN ST ORLANDO FL 32803 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE TITLE VARGAS, ALFONSO C NAME NAME **1810 WELTIN STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ORLANDO FL ☐ Addition ☐ Change Delete TITLE VARGAS, KILSY J NAME NAME **1810 WELTIN STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. .. CITY-ST-ZIP ~ ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITI F Delete TITLE ☐ 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

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

4/26/00

(407)895-1786

Daytime Phone #

FILED