2003 FOR PROFIT CORPORATION

Apr 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P95000092024 DOCUMENT # 04-24-2003 90167 029 ***150.00 1. Entity Name PRIETO APPLIANCES SUPPORT, INC. Principal Place of Business Mailing Address 15048 SW 173RD TERRACE 15048 SW 173RD TERRACE MIAMI FL 33187 MIAMI FL 33187 US IJS 2. Principal Place of Business 3. Mailing Address Same Same 45 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0617778 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRIETO, ERNESTO E Street Address (P.O. Box Number is Not Acceptable) 15048 SW 173RD TERRACE MIAMI FL 33187 Zip Code City 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition prieto, ernesto e NAME NAME 15048 SW 173RD TERRACE STREET ADDRESS STREET ADDRESS MIAMI P.º 33187 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE PRIETO, FATIMA NAME NAME 15048 SW 173RD TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLÉ ⁻☐ 'Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP

FILED