Sep-29-03 05:29pm From-SHD&LLP 2 305-577-7001 T-014 P.002 F-233

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 OCT -8 PM 12:25

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095177

1. Entity Name: HIDDEN LAKE GROUP, INC.

DO NOT WRITE IN THIS SPACE

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10/17/03--01063--002 **61.25

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2. Principal Place of Business	3. Mailing Address
12700 S.W. 128 Street	12700 SW 128 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: U.S.	Zip: 33186 Country: U.S.

4. FEI Number: 65-0731113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 200 S BISCAYNE BOULEVARD, SUITE 4100

City: MIAMI FL Zip Code: 33131

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.

SIGNATURE: [signature] Betsy Parenti, Vice President 10/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Due January 1–May 1; Fee is $150.00. After May 1, Fee is $550.00. Fee is Amended UBR is $61.25. Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/VP/S/D
NAME	ANGEL R. MACARIO
STREET ADDRESS	12700 SW 128 STREET
CITY-ST-ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 09/29/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #