2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P95000095865 1. Entity Name CHALLENGER FINANCE CORP. 04-18-2000 90154 004 ***150.00 Mailing Address Principal Place of Business 16501 NW 16 CT 16501 NW 16 CT MIAM! FL 33169-5632 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address 10450 NW 31 TERRACE 10450 NW 31 TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number MYAME: FLORIDA MTAMI^{te}FLORIDA 65-0730578 Not Applicable Country **usa** Zip 33172 \$8.75 Additional ____ Country 83172 5.-Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, GLORIA E Street Address (P.O. Box Number is Not Acceptable) 16501 NW 16 CT **MIAMI FL 33169** 10450 NW 31 TERRACE Zip Code MIAMI " 33172 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change Change ☐ Addition TITLE ☐ Delete TITLE SUAREZ, AMANCIO NAME NAME 16501 NW 16 CT STREET ADDRESS 10450 NW 31 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI_FL.33169. CITY-ST-7IP MIAMI FL 33172 Change ☐ Addition Delete TITLE mie* SUAREZ, AMANCIO J NAME 10450 NW 31 TERRACE 16501 NW 16 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33169** CITY-ST-ZIP MIAMI FL 33172 ☐ Change Addition Delete TITLE 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 Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change

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

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

AMANCIO V SUAREZ (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-468-145