2001 UNIFORM BUSINESS REPORT (UBR)

IGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P96000030802 1. Entity Name PELAEZ INVESTMENT CORP. 01-30-2001 90208 036 ***150.00 Principal Place of Business Mailing Address 1363 BIARRITZ DRIVE 17560 ATLANTIC BLVD MIAM! BEACH FL 33141 SUNNY ISLAND BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0663806 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 33*160* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELAEZ. MARIA A 1363 BIARRITZ DRIVE MIAMI BEACH FL 33141 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE TITLE ☐ Change ☐ Delete ☐ Addition PELAEZ, RAFAEL NAME NAME STREET ADDRESS 1363 BIARRITZ DRIVE STREET ADDRESS CHY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PELAEZ, MARIA A NAME STREET ADDRESS 1363 BIARRITZ DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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.

A. PELAEZ