FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris ANNUAL REPORT Secretary of State 212091 **DIVISION OF CORPORATIONS** P 96000037704 **DOCUMENT #** 01 OCT | | AM 10: 37 SECRETAIN OF STATE Iomega Investments Inc. TALLAHASSEE, FLORIDA Principal Place of Business 7272 NW 3357 3240 NW 72 AVE Miami, FC 33122 Miami, FC 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 3240 NW 72 3240 MW 72 M 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State . City & State . 6. Election Campaign Financing \$5.00 May Be Miami 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible 33122 **S**No Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Pernaldo Diaz 780 NW 42 Ave Ste 422 Street Address (P.O. Box Number is Not Acceptable) 82 83 Miumi, FE 33126 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE Change 1.1 TITLE Enrique Martiner NAME 1.2 NAME 200004649692---1 -10/23/01--01040--002 6340 Pent Place STREET ADDRESS 1.3 STREET ADDRESS Migini Lakers FL 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP ****150.00 TITLE 2.1 TITLE Change Roberto Yahra NAME 2.2 NAME ' STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE ☐ Addition ☐ Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP 6.1 TITLE ☐ DELETE TITLE ☐ Change ☐ Addition

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

10/5/01 305-4424344