2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P96000049482 H.R. ENTERPRISES U.S.A., INC. 05-15-2000 90305 041 ***150.00 Principal Place of Business Mailing Address **POB 1313** PARKVIEW DR " FL 33009 HALLANDALE FL 33008-1313 US 3. Mailing Address PO Box 1313 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Hallansale, FL Applied For 4. FEI Number 65-0677852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROJAS, HORACIO R. Street Address (P.O. Box Number is Not Acceptable) 2655 S. BAYSHORE DR. STE. 515 **MIAMI FL 33133** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 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. rresident Change ☐ Addition TITLE ☐ Delete TITLE 1001 N. Feberal Highway, Ste 322 NAME ROJAS, HORACIO R NAME STREET ADDRESS STREET ADDRESS 2655 SOUTH BAYSHORE DR., #515 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE 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 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/26/00 954-455-2757