04/19 '(": "-:/ ... /... CAPITAL CONNECTION 850 222 1222 :55 KEPURT (UBR) FILED DOCUMENT # 196000050102 Apr 28, 2000 8:00 am Secretary of State MEZZOMONTE CORPORATION 04-28-2000 90072 042 ***150.00 Principal Place of Business Mailing Address 3516 SOLANARD 2601 N. OCEAN DR CUCONUT GROVE STE E SINGGRISLAND FL 33400 FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0683320 Not Applicat Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL BERKOWITZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 2601 N. OCEAN AVE. SUITE E SINGER ISLAND, FL 33404 City Zip Code FL 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 FILE NOW! FEE IS \$150,00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 мау Ве After MAY 1/2000 Fee will be \$550 00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Greek Payable to Department of (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Additio MANUEL RANGEL NAME NAME STREET ADDRESS 3516 SOLANA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, 192. 33/33 TITLE Delete TITLE ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #