2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State P96000059368 DOCUMENT # 1. Entity Name ASSOCIATES INTERNATIONAL REALTY INC. 05-13-2002 90115 037 ***150.00 Principal Place of Business Mailing Address 11401 SW 40 STREET 714 NW 128 PL STE 313 MIAMI FL 33165 MIAMI FL 33182 US 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 65-0678414 Not Applicable _ Zip___ _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 VALDES, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 714 NW 128 PL **MIAMI FL 33182** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 dpst TITLE PIT Delete TITLE ☐ Addition VALDES, RODOLFO NAME VALDES, RODOLFO NAME 714 NW 128 PL 714 N.W. 128 PL. STREET ADDRESS **CR2E034** STREET ADDRESS **MIAMI FL 33182** CITY-ST-7IP MjANI F1. 33182 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME VALDES, LISDET NAME 714 NW 128 PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami-F1.33182. ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(9/01)

FILED