2000 UNIFORM BUSINESS REPORT (UBR) FILED P96000066570 DOCUMENT # May 26, 2000 8:00 am Secretary of State A & D GENERAL SERVICES, INC. 05-26-2000 90125 019 ***150.00 Principal Place of Business Mailing Address 2230 WEST 3 AVENUE 2230 WEST 3 AVENUE HIALEAH, FL 33010 HIALEAH, FL 33010 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 65-0685581 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIGOBERTO GONZALEZ Box Number is Not Acceptable) 2230 WEST 3 AVENUE HIALEAH , FL 33010 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 Clara O. Parez SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00. 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 11. President K Vice Resident TITLE VICE PRESIDENT Delete TITLE Clara a. Pierez NAME LIGOBERTO GONZALEZ 2230 WEGT 3 AVE. NAME 2230 West 3 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33010 412/edh, \$7 33010 TITLE Delete TITLE ☐ Change Addition PRESIDENT NAME NAME MARTA COTARELLO STREET ADDRESS STREET ADDRESS 1.0048_NW_41_5T. CITY-ST-ZIP CITY-ST-ZIP MIAMIL, FL 3-317.8 TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

President

☐ Delete

Clara Q. Revez

4/26/00.

(205) 8879331

Daytime Phone #

Change Change

■ Addition