2000 UNIFORM BUSINESS REPORT (ÜBR) DOCUMENT # P96000067643 (2) FILED A.N. SERVICE, CORP. 00 JUN 12 AMII: 07 Mailing Address 4398 SW 74 AVE 4398 5.W. 74 AUG MIANT 4. 33155 SECRETARY OF STATE TALLAHASSEE, FLORIDA MIAMI F1 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 378 Sud. A. Aus City & State 4. FEI Number Applied For 65-0707985 Not Applicable Zip \$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 AlBERTO NAPOles Name miami Fl. 33189 Street Address (P.O. Box Number is Not Acceptable) Zip Code FI ent 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 age to 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 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. TITLE ☐ Delete TITLE . ☐ Change Addition ALBERTO NAROLES NAME NAME 20100 5.W. 91AVE MIANI FI. 33189 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> 100003312931--2</u> Delete -07/05/00--010893999004 Addition TITLE TITLE NAME NAME ****150.00 ****150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE .Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 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. changed, or on an attachm

SIGNATURE:

SECTAL (LIBEL)