2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P96000074144 1. Entity Name ANJOMAR CORP. 05-02-2001 90137 044 ***150.00 Principal Place of Business Mailing Address 12615 SW 91 ST. 12615 SW 91 ST. MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business 9/ STREET 9/STLEET 12635 SW 19632 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 20^{4} $\partial \alpha \mathcal{A}$ Applied For City & State 4. FEI Number City & State 65-0730942 Not Applicable MAMI LONIDA Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33186 33186. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAC MORAN, ALICIA Street Address (P.O. Box Number is Not Acceptable) 12635 SW 91 ST MIAMI FL 33186 to any Zip Code City TIAMT 32186 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete SAME TITLE MORAO, JOSE NAME NAME STREET ADDRESS 12635 SW STREET ADDRESS 12615 SW 91 ST. CITY-ST-ZIP MIAMI, FC CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition TITLE **VPS** ☐ Delete NAME NAME MORAO, ALICIA T #204 91 12635 SW STREET ADDRESS STREET ADDRESS 12615 SW 91 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change : TITLE TITLE Delete 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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:

Daytime Phone #