FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

May 07, 2002 8:00 am § Secretary of State DOCUMENT # P96000087071 1. Entity Name 05-07-2002 90351 002 ***158.75 CONSOLIDATED OIL MANAGEMENT CORPORATION Principal Place of Business Mailing Address 2655 LEJUNE RD P.O. BOX 143-557 # 500 CORAL GABLES FL 33114 CORAL SPRINGS FL 33134 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 NOT APPLICABLE Not Applicable Zip Country 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 MASVIDAL, ALBERTO D Street Address (P.O. Box Number is Not Acceptable) 2655 LEJUNE RD SUITE 500 💣 CORAL GABLES FL 33134 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (9/01) MASUIDAL BUBERTO US Change Addition MASVIDAL, ALBERTO NAME 2655 LELEONE POND, SVITE STREET ADDRESS 11105 SW 133RD COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MASVION NOENTO O Change Addition **PST** ☐ Delete TITLE NAME MASVIDAL, ALBERTO D NAME 2656 LENEUNE RODD, GO NE 500 STREET ADDRESS 11105 SW 133RD COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP OLAL GUBLES, FL vs ~___ TITLE ☐ Delete TITLE **GUTIERREZ, NICHOLAS** NAME NAME MARIA MUSTIDAL UISSEI 3655 LE LEUNE ROAD, GUTE, 600 STREET ADDRESS 1101 BBICKELL AVE N., STE 1400 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP OPN GIBLES, PL 33/34 ☐ Delete TITLE DIAL MANION CERTINAL Change NAME DIAZ-MASUIDM, GERTRUDIS NAME 2685 16 LEUN FRR. 3064 500 STREET ADDRESS 11105 SW 133 CT STREET ADDRESS CITY-ST-7IE MIAMI FL 33186 CITY-ST-ZIP ORN GIBLES, PL TITLE ☐ Delete MARIA MASUIDAL UISSE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

ALBENTO DIAZ-MAGNON 4/22