FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 09, 2000 8:00 am Secretary of State DOCUMENT # P96000091551 CORAL REEF BEAUTIES INVESTMENT INC. 03-09-2000 90099 007 ***150.00 Principal Place of Business Mailing Address 19301 E. OAKMONT DRIVE 19301 E. OAKMONT DRIVE C0035044 . T≜∺ FL 33015 HIALEAH FL 33015-2005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0719487 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JURADO, JOSE A JR. Street Address (P.O. Box Number is Not Acceptable) 19301 E. OAKMONT DRIVE HIALEAH FL 33015 Zip Code City 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) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE NAME NAME JURADO, JOSE A JR. STREET ADDRESS STREET ADDRESS 19301 E. OAKMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH_FL 33015 Change Addition ☐ Delete TITLE NAME FERNANDEZ, JOSE STREET ADDRESS STREET ADDRESS 19301 E. OAKMONT DRIVE CITY-ST-ZIP CITY-ST-ZIF HIALEAHL FL 33015 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE NAME 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 changed, or on an attachment with an orderess, with all other like empowered.

CITY-ST-ZIP

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SIGNATURE:

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TITLE NAME

TITLE

NAME

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

PAGS.

3/6/200

305-592-8245

☐ Change

☐ Change

Addition

__ Addition

Daytime Phone #