DÖCUMENT # P9600094915  1. Entity Name SUAREZ INVESTMENTS, INC.						FILED Jan 12, 2001 8:00 am Secretary of State					
Principal Place of Business Mailing Address				-	<del>-</del>		01-12-2001 900	_			
11636 N KENDA MIAMI FL 33176 US	ALL DR	11636 N KENDALL DR MIAMI FL 33176-1005 US									
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			<b>4</b> . F	El Number	65-0709810		<del></del>	oplied For ot Applicable	]
Zip . Country.		Zip	Zip Country			- 5. Certificate of Status Desired See Required -				ditional	1
	6. Name and Address of Current	Registered Agent	<u> </u>	Ī	7. N	lame and A	ddress of New Reg				┨
			Name							1	
BIRD, ALFREDO BILD T1636 N KENDALL DR MIAMI FL 33176-1005			<b>-</b> .	Street Addr	ess (P.O. B	ss (P.O. Box Number is Not Acceptable)					1
				City				FL	Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	d office or reg	gistered age	ent, or both,	in the State of Florid	la.		<del></del>	1
	,										
SIGNATURE ,	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	equired when re	instating)		DATE			
9. This corpo Tax filing to (See criter	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				tion Campaign Finan Fund Contribution.	cing		<b>0</b> May Be I to Fees	{	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/C	HANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, JAIME 4418 SW 13 TE MIAMI FL 33134	☐ Delete		l l					Change	☐ Addition	F034 (10/00
TITLE NAME STREET ADDRESS	WIPMIT E GOTOY	☐ Delete		- 1		<u> </u>			☐ Change	Addition	S. C. F.
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE		<u>.</u>				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		· I					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4		. •		<del>.</del>		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp, or on an attachment with an address.	s true and accurate and that r lowered to execute this report	my signat as requi	ture shall have red by Chapte	the same I er 607, Florid	egal effect a da Statutes;	as if made under oat and that my name a	n; that I an ppears in	n an officer Block 11 or	or director r Block 12 if	<u> </u> 