2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P96000099378 1. Entity Name ALESO MCNAB, INC. 03-02-2001 90036 018 ***150.00 Principal Place of Business Mailing Address C/O FIRC GROUP C/O FIRC GROUP 2299 DOUGLAS ROAD, 4TH FLOOR 2299 DOUGLAS ROAD, 4TH FLOOR **MIAMI FL 33145** MIAMI FL 33145 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 65-0716669 Not Applicable 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 MURAI, WALD, BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE **MIAMI FL 33131** 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 Florida. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. 12. ☐ Delete TITLE Change Addition sosa, alejandro NAME NAME STREET ADDRESS C/O FIRC GROUP, 2299 DOUGLAS ROAD, 4TH FLR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Change ☐ Delete ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI.E ☐ Delete ☐ 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-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qual 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 of the corporation or the receiver or trusted empowered to execute, signature shall have the same legal effect as if made under oath; that I am an officer or director 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

SIGNATURE:

Austanorolf.Sosa

2-26-0/ 307-4432508

CR2E034 (10/00)