2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **P97000001793** 1. Entity Name CORAL REEF GROUP CORP. 01-31-2000 90093 040 ***150.00 Principal Place of Business Mailing Address 11698 SW 152ND ST 11698 SW 152ND ST MIAMI FL 33157-1100 MIAMI FL 33157 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0717082 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOLGUEIRA, BASILIO J Street Address (P.O. Box Number is Not Acceptable) 11391_S.W._64TH_STREET MIAMI FL 33173 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITLE ATIENZA, EDUARDO NAME NAME STREET ADDRESS 11698 S.W. 152ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** □ -----Delete TITLE Change TITLE FOLGUEIRA, BASILIO J NAME NAME STREET ADDRESS 11698 S.W. 152ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33158** Change ☐ Detete TITLE TITLE NAME MACHADO, LUIS NAME STREET ADDRESS 11698 S.W. 152ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** Change TITI F TITLE ☐ Delete SOLARES, JOSE NAME STREET ADDRESS STREET ADDRESS 11698 S.W. 152ND STREET CITY ST ZIP CITY-ST-ZIP MIAMI FL* 33158~ ☐ Change D TITLE ☐ Delete DDF MORENO, ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 11698 S.W. 152ND STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** ☐ Change ☐ Delete TITLE TITLE RODRIGUEZ, MARLENE NAME NAME STREET ADDRESS STREET ADDRESS 11698 S.W. 152ND STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** 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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

Daytime Phone #