2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000017069 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name SETEX OF AMERICA CORPORATION 08-02-2000 90152 016 ***558.75 Principal Place of Business Mailing Address 4651 SW 51ST STREET 4651 SW 51ST STREET SUITE 812 SUITE 812 DAVIE FL 33314 DAVIE FL 33063-6898 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0743344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent H.S.U., FERNANDO 4651 SW 51ST STREET SUITE 812 DAVIE FL 33314 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME H.S.U., FERNANDO STREET ADDRESS STREET ADDRESS 4651 SW 51ST STREET, SUITE 812 CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33314** ☐ Delete TITLE TITLE NAME NAME MANCINI, ERNEST STREET ADDRESS STREET ADDRESS 4651 SW 51ST STREET CITY-ST-ZiP CITY-ST-ZIP DAVIE FL 33314 TITLE TITLE" - 🗍 Delete NAME NAME ሪ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT) E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 address, with all other like empowered.

SIGNATURE: