2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P9700020244 ARC DEVELOPMENT GROUP, INC. 05-11-2001 90058 023 ***150.00 Principal Place of Business Mailing Address 12179 S APOPKA VINELAND RD 3126 CRANES COVE LOOP KISSIMMEE FL 34747 STE 527 ORLANDO FL 32836 HS 2. Principal Place of Business 3. Mailing Address 7812 Laurel Oak Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3433150 Not App icabic Kissimmee, Fl Country \$8.75 Additional Zio Country Zip 5. Certificate of Status Desired Osceola 34747 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANENT, JR JOSE ANTONI Street Address (P.O. Box Number is Not Acceptable) 12179 S APOPKA VINELAND RD **STE 527** ORLANDO FL 32836 City Zio Code F 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 Fiorida 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSD** X Change ☐ Addition ☐ Delete TITLE TITLE MANENT, JOSE ANTONIO J MAME NAME 3126 CRANES COVE LOOP STREET ADDRESS STREET ADDRESS 7812 Laurel Oak Lane CITY-ST-Z!P CITY-ST-ZIP KISSIMMEE FL 34741 Kissimmee, Fl. 34747 VTD ☐ Delete Change [iii] Addition TITLE TITLE FERNANDEZ, JUAN S NAME NAME STREET ADDRESS 15089 MONTROSE RD STREET ADDRESS CITY - ST- ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP Addition Change ☐ Delete TITLE T.T.E. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete BILLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TIFLE ☐ Change ☐ Addition ☐ Delete 111LE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 13. Thereby 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 trusted empowered to greatly instruport 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 ke enabowered.

Jose A. Manent, Jr.

SIGNATURE:

ND TYPED OR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

407-509-8816