FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90148 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032731

1. Entity Name
ARYS REAL ESTATE CORP.

Principal Place of Business	Mailing Address
16261 N.W. 15 ST PEMBROKE PINES, FL 33028	16261 N.W. 15 ST PEMBROKE PINES, FL 33028

2. Principal Place of Business	3. Mailing Address
19127 SW 65 ST.	19127 SW 65 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Fl	City & State: Pembroke Pines, Fl
Zip: 33332 Country: USA	Zip: 33332 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0747707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCO VIERA, ARYS
16261 N.W. 15 ST
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name: ARYS Franco-Viera
Street Address (P.O. Box Number is Not Acceptable): 19127 SW 65 ST
City: Pembroke Pines FL FL Zip Code: 33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Arys Franco Viera DATE: 04/27/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANCO VIERA, ARYS		NAME		
STREET ADDRESS	16261 N.W. 15 ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arys Franco Viera — 04/27/03 — 954 689-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arys Franco-Viera