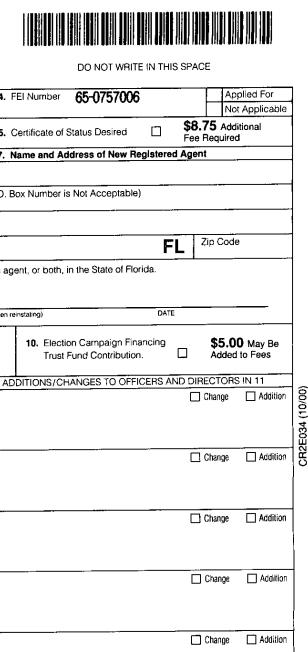
FILED **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000038352** EUROPA MANAGEMENT CORP. Mailing Address Principal Place of Business 6915 NW 77 AVENUE 6915 NW 77TH AVE MIAMI FL 33166 MIAMI FL 33166 US 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0757006 City & State City & State Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALOMINO, MARIA S Street Address (P.O. Box Number is Not Acceptable) 6915 NW 77 AVE MIAMI FL 33166 City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME PALOMINO, STELLA NAME STREET ADDRESS STREET ADDRESS 1663 NE 182 STREET CITY-ST-ZIP NORTH MIAM! BCH FL 33162 CITY-ST-ZIP TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

May 16, 2001 8:00 am Secretary of State

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13. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

■ Addition