FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT # **P97000050117** Secretary of State 1. Entity Name A & M CONNECTION, INC. 05-23-2001 91173 042 ***158.75 Principal Place of Business Mailing Address 121-9E-13T-3T 121 SE 13T ST STE-009 · STE-600 771459 MIAMI-FL-33131 MIAMI PL 39131 Principal Place of Business NºU 66 ST 665T NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State Mi AMi City & State 65-0759105 TC. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3 i (o(o Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EIRO- MARCIA RIBEIRO, MARCIA -121 SE 13T-ST: STE-009-MIAMI-FL-33166__ zinc33146 MiAmi 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida (NOT: 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, 20 11 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 Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSD Change Delete TITLE TITLE RIBEIRO, MARCIA NAME RIBEIRO, MARCIA 8383 NW 66 STREET MIAMI, FL 33166 STREET ADDRESS 3900 NORTH-WEGT-79TH-AVENUE-#500 > CITY-ST-7IP MIAMI EL 33166 Change ☐ Addition **EX**Delete TITLE V TD NAME Carvalho, andrea CARUACHO, ANDREA 8383 NW GG STREET STREET ADDRESS 3000 NORTH-WEST-79TH-AVENUE-#560 CITY-ST-ZIP MIAMI, FL 33166 MIAMI FL 33166 ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP UTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- 7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 firue and accurate and that n y 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 for trustee empt wered to execute this report is 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:

INTED NAME OF SIGNING OFFICER

;R2E034 (10/00)