2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P97000057532 1. Entity Name DIANA CONSTRUCTION CORPORATION 02-27-2001 90309 016 ***150.00 Principal Place of Business Mailing Address 1731 SW 12TH AVE. 1731 SW 12TH AVE. MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0763029 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERIA-PEREZ, CARIDAD Marana Street Address (P.O. Box Number is Not Acceptable) 1731 SW 12TH AVE. **MIAMI FL 33129** Zip Code 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 (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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME PREZ. EUGENIO E STREET ADDRESS STREET ADDRESS 1731 SW 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** Change Change ☐ Addition TITI F □ Delete TITLE FERIA-PEREZ. CARIDAD M NAME NAME STREET ADDRESS STREET ADDRESS 1731 SW 12TH AVE. CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33129 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Detete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 appreciation of the receiver of trustee empowered.

CITY-ST-ZIP

CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED