AMENDEO

2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P97000060941 FILED SECRETARY OF STATE Entity Name ONVISION OF CORPORATIONS 00 APR 26 PH 12: 21 Sunset Lakes Equities, Inc. Principal Place of Business Mailing Address 444 Brickell Avenue, 444 Brickell Avenue, Suite 51-246 Suite 51-246 Miami, Florida 33131 Miami, Florida 33131 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 65-0826670 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) IBC Fiduciary Inc. 100 SE 2nd Street, Suite 2315A Miami, Florida 33131 Zip Code 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. DATE FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. D, P, T Jose T. Calvo Director TITI F TITLE X Change Addition NAME Jose T. Calvo NAME STREET ADDRESS STREET ADDRESS Lomas Mercedes, Penthouse D Lomas Mercedes, Penthouse D CITY - ST - ZIP CITY - ST - ZIP Caracas 1061, Venezuela Caracas 1061, Venezuela TITLE President, Secretary X Delete TITLE Change 🔀 Addition Secretary NAME Angel Rivera NAME Gerardo Perez 8192 College Parkway, STREET ADDRESS STREET ADDRESS 444 Brickell Avenue, S. 51~446 CITY - ST - ZIP Fort Myers. Florida 33919 CITY - ST - ZIP Miami, Florida 3313 TITLE Treasurer X Delete Change NAME Armando Berriz NAME 70000324322 -05/12/00--01005--003 STREET ADDRESS 8192 College Parkway, Fort Myers, Florida 3 STREET ADDRESS St. CITY - ST - ZIP CITY - ST - ZIP \*\*\*\*\*\*70 00 \*\*\*\*\*70 Change Addition TITLE Delete TITLE 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 TITLE TITLE Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 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 en an attachment with an address, with all other like empowered.

Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-358-4441

Davime Phone #

4-13-2000

STF FL32381F.1

SIGNATURE: