2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$\mathfrak{P}97000096096 May 30, 2000 8:00 am Secretary of State Africmania, Inc. 05-30-2000 90101 024 ***150.00 Principal Place of Business
2775 Fast. 10th Ave.

Dialech, Gl. 33013.

Mailing Address
2775 Fast. 10th Ave.

Hickory, Cl. 33013. 00057999 2. Principal Place of Business 2775 Fast. 10th Ave.
Suite, Apt. #, etc. 3. Mailing Address 2775 Fast. 10th fue. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 0799083 Gity & State ah, Ol. Sty, & State Stratech, Il. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired -Fee Required - -7. Name and Address of New Registered Agent Ricardo Garcia 2775 Fast. 10th fue. Higheat, Ol. 33013. Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 8. The above named entity submits this statement for the purpose anging its registered office or registered agent, or both, in the State of Florida. E: Registered Agent signature required when reinstating) FILE NOWIII 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ricardo Garcia 2775 Fast. 10th fue. Hiakah, Il. 33013. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 on an attachment with an address with all other like empowered. SIGNATURE: Date Daytime Phone #