2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # P97000105788** 1. Entity Name AGUDELO ESTRADA CORP 04-10-2001 90065 050 ***150 00 Principal Place of Business Mailing Address 12350 SW 132CT STE 207 12250SW 132CT STE 207 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 12350 SW 132CT Ste 207 12350 SW 132CT STE 207 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 207 1207 Su He 4. FEI Number Applied For City & State Miani, Florida 65-0800202 Florida Not Applicable Mlami Country U.S.A \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AGUDEID, WE ESTEULA 12350.SW 132 CT SUITE 207 Miami, PL 33186 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 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTOR 11. ☐ Addition Change **PSD** TITLE Delete TITLE NAME ESTRADA, JUAN J NAME STREET ADDRESS STREET ADDRESS 655 WESTWARD DR CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Addition ☐ Change TITLE TITLE AGUDELO, LURSTELLA (LUZ ESTELLA NAME NAME 12350 SW 132 CT Suite Miami Florida 33186 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR