12001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P98000008093 DOMINICAN PAINTING CORP. 03-19-2001 90033 007 ***150.00 Mailing Address Principal Place of Business 1570 NE 171 ST 1570 NE 171 ST NO MIAMI BEACH FL 33162 NO MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0815038 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIGUEROA, CARLOS L Street Address (P.O. Box Number is Not Acceptable) 1570 NE 171 ST NO MIAMI BEACH FL 33162 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 L. FIGUEROA, PRESIDENT CARLOS SIGNATURE (NOTE: Registered Agent signature required when ature, 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 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE FIGUEROA, FACUNDO P NAME 16030 NE 19 CT APT 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO MIAMI BEACH FL 33162 ☐ Addition ☐ Change TITLE Delete TITLE NAME FIGUEROA, CESAR J NAME STREET ADDRESS 1570 NE 171 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO MIAMI BCH FL 33162 Change ☐ Addition TITLE TITLE ☐ Delete FIGUEROA, CARLOS L FIGVEROA: CARLOS L NAME NAME 1570 NE 171 ST. STREET ADDRESS 1570 NE 171 ST. STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP MIAMI FL 33162 CITY-ST-ZIP ☐ Addition Change ☐ Delete DIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 Change ☐ Addition TITLE Delete 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-7IP CITY-ST-ZIP

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. CARLOS L. FIGUEROA 3/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR