2000 UNIFORM BUSINESS REPORT (UBR)

May 18, 2000 8:00 am Secretary of State DOCUMENT # P98000016814 DIAMOND SPARKLING FLOORS, CORP. 05-18-2000 90310 010 ***150.00 Mailing Address Principal Place of Business 7951 S.W. 40TH STREET 7951 S.W. 40TH STREET #206 #206 MIAMI FL 33155-6752 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0816717 Not Applicable \$8.75 Additional Zip Country Zip 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 DIAZ, OSVALDO J Street Address (P.O. Box Number is Not Acceptable) 7951 S.W. 40TH STREET #206 MIAMI FL 33155 Zip Code City 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 DATE (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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTVS ☐ Change ☐ Delete TITLE TITLE CABRERA, RAUL NAME NAME STREET ADDRESS 7951 S.W. 40TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** ☐ Addition TITLE Change Delete TITLE CABRERA, RAUL NAME NAME STREET ADDRESS 7951 S.W. 40TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 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 TITLE 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 appears with all other like empowered.

SIGNATURE: X

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.00 305 261.625

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