2000 UNIFORM BUSINESS REPORT (UBR) 5/22/ FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P98000018223 1. Entity Name AMERICA CALLING THE WORLD, INC. 05-22-2000 90039 040 ***150.00 Principal Place of Business Mailing Address 7900 NW 36TH ST 7900 NW 36TH ST MIAMI FL 33166-6604 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 11600 N.W. 347H STREET 1600 N.W. 34TH STREET Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 5-101980 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINK, BRIAN L ESQ. Street Address (P.O. Box Number is Not Acceptable) ~ 169 E. FLAGLER ST. #1700 MIAMI FL 33131 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' Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSTD PSTD TITLE Delete 11TLF ARIAS, LUIS NAME LUIS ARIAS 11600 N.W. 34TH STREET NAME STREET ADDRESS STREET ADDRESS 7900 NW 36TH ST CITY-ST-ZIP MIAMI FL 33/78 CITY-ST-ZIP **MIAM! FL 33166** ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Chance Chance ☐ Addition MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP □ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-702 ☐ Addition TITLE ☐ Change □ Defete NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling 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 reports 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 SIGNATURE: x E OF SIGNING OFFICER OR DIRECTOR