2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000023304 Mar 09, 2000 8:00 am Secretary of State 1439 CORPORATION 03-09-2000 90100 038 ***150.00 Principal Place of Business Mailing Address 140 SO. HIBISCUS DRIVE 140 SO. HIBISCUS DRIVE MIAMI BEACH FL 33139-5130 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARANGO, RAFAEL D Street Address (P.O. Box Number is Not Acceptable) 140 SO. HIBISCUS DRIVE MIAMI BEACH FL 33139 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 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 \Box 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 Change ☐ Delete TITLE TITLE NAME ARANGO, RAFAEL D NAME STREET ADDRESS 140 SO. HIBISCUS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition Change ☐ Delete TITLE ARANGO, RICARDO J NAME STREET ADDRESS STREET ADDRESS 140 SO. HIBISCUS DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition Delete TITLE NAME ARANGO: RAFAEL -----NAME - -STREET ADDRESS STREET ADDRESS 140 SO. HIBISCUS DRIVE CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 ☐ Addition ☐ Change TITLE ☐ Delete TITLE ARANGO, ROBERTO A NAME NAME STREET ADDRESS STREET ADDRESS 140 SO. HIBISCUS DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date