2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023680 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name CUSTOM CONSTRUCTION, INC. 04-10-2000 90110 008 ***150.00 Principal Place of Business Mailing Address 235 LINCOLN RD., SUITE 315 235 LINCOLN RD., SUITE 315 MIAMI BCH FL 33139-3157 MIAMI BCH FL 33139 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 315 Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0822354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINSON, EDWARD E Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD., PH-SE MIAMI BCH 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. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD Addition ☐ Change Delete TITLE TITLE MIRANDA, FERNÁNDO V NAME NAME 407 LINCOLN RD., PH-SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33139 ☐ Change Addition VTD ☐ Delete TITLE TITLE MELLADO, ANTONIO G NAME NAME 407 LINCOLN RD., PH-SE STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIE MIAMI BCH FL 33139 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ 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 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:

W. ANTONIO G. MEUADO 4

4-7-00

305-968-1905

Daytime Phone #