2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2000 8:00 am Secretary of State DOCUMENT # P98000027367 1. Entity Name KOM HOME, INC. 08-08-2000 90093 026 ***150.00 Principal Place of Business Mailing Address 3629 TORREMOLINOS AVENUE 3629 TORREMOLINOS AVENUE MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 2195 Bisnaine Blud 2135 Biscoune Bluck, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State o City & State 4. FEI Number Applied For 65-0822314 SIM Not Applicable \$8.75 Additional Fee Required Country Country 5. Certificate of Status Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAIENO (DIS MMAIES VALERIO, LUIS MORALES Street Address (P.D. Box Number is Not Acceptable) 3629 TORREMOLINOS AVENUE **MIAMI FL 33178** is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e MORALES SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees 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 12. 11. CR2E034 (5/00) ☐ Addition TITLE Change TITLE ☐ Delete VALERIO, LUIS MORALES NAME 2135 Biscare Blud. STREET ADDRESS STREET ADDRESS 3629 TORREMOLINOS AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Change ☐ Addition ☐ Delete TITLE TITLE FELIZ. GUILLERMO NAME NAME 2185 Biscayne Blud. STREET ADDRESS 3629 TORREMOLINOS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI.FL 33178 Change ☐ Addition TITLE ☐ Delete TITLE a185 Biscayne Blud. URIBE ORTIZ, ANA MARIA NAME NAME STREET ADDRESS 3629 TORREMOLINOS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 trusted 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:

GAKIMOFEBUIRED

08/03/00

305-576-4566

Daytime Phone #

HHachment DHP980W027361 DW-77303

KOM HOME INC 2125 BISCAYNE BLVD MIAMI, FL 33137 305-576-4566

August 2, 2000

Florida Department of State Tallahassee, Florida 32399

REF: Doc. #P98000027367

To Whom It May Concern:

We are writing to your offices because we never received the first notice to pay the 2000 UNIFORM BUSINESS REPORT for the year 2000. We did receive a second notice, which was mailed to the incorrect address including a penalty of \$400.00. We ask that you please waive the penalty since we never received the first notice. Your prompt attention will be greatly appreciated.

Thank/You,

Accountant