FILED

2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am Secretary of State P98000032714 DOCUMENT # 1. Entity Name 03-13-2002 90076 027 ***150 00 COMSUR, INC. Principal Place of Business Mailing Address 7282 N.W. 54 ST 7282 N.W. 54 ST MIAM! FL 33166 MIAM1 FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0826959 Not Applicable Zip Country Country \$8.75 Additional \Box Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE, SERGIO D Street Address (P.O. Box Number is Not Acceptable) 4245 N. MERIDIAN AVE. MIAMI FL 33140 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD ☐ Addition CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change GEORGE, SERGIO NAME NAME 4245 N. MERIDIAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33140** CITY-ST-ZIP ☐ Addition TITLE ☐ Délete TITLE ☐ Change CENTURION, ELVIO NAME 4245 N. MERIDIAN AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33140** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

of the corporation or the receiver or changed, or on an attachment with

MARCH 1,2002