2004 FOR PROFIT CORPORATION ANNUAL REPORT

P.

Apr 19, 2004 8:00 am Secretary of State 4-19-2004 90729 036 ***150.00 **DOCUMENT # P98000041337** ACRIBEMA PROPERTIES CORP. 94057415 Mailing Address Principal Place of Business 2300 N.W. 94TH AVENUE 2300 N.W. 94TH AVENUE #100 #100 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For 65-0852235 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASENCIO, JORGE L Street Address (P.O. Box Number is Not Acceptable) 2300 N.W. 94TH AVENUE #100 MIAMI, FL 33172 City Zip Code FI 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ASENCIO, JORGE L NAME NAME STREET ADDRESS 2300 N.W. 94TH AVENUE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33172 CITY-ST-ZIP STD Delete TITLE ☐ Change ☐ Addition ASENCIO, MARIA D NAMĚ NAME STREET ADDRESS 2300 N.W. 94TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition ASENCIO-HEYNA, MARIA D' NAME NAME STREET ADDRESS STREET ADDRESS 23002NWW94TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33172 TITLE ☐ Delete TITI E □ Change X Addition NÂME NAME RIVERO, CRISTINA M STREET ADDRESS STREET ADDRESS 2300NNW994VAVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33172 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 fential 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. 12. I hereby certify that the information indicated on this report or supple of the corporation or the received

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED