2000 UNIFORM BUSINESS REPORT (UBR) 5/1 DOCUMENT # P98000043631 May 19, 2000 8:00 am Secretary of State 1. Entity Name MARTINEZ-WALSH ENTERPRISES, INC. 05-01-2000 90051 037 ***150.00 Principal Place of Business Mailing Address # 2420 SW 15TH TERR 2420 SW 15TH TERR PALM CITY FL 34990 PALM CITY FL 34990-2102 FIS 2. Principal Place of Business Mailing Address BISCAYNE BIUD 401 BISCAYNE BLVD 401 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0842043 FLORI DA FLARIDA MIAMI MIAMI Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 3132 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEX FERNANDEZ ANDERSON, WILLIAM D JR. Box Number is Not Acceptable) 516 CAMDEN AVENUE STUART FL 34994 City ^{Zip 63}3 196 MIAWI 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 WILLIAM D. Anderson 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS Addition CR2E034 (9/99) TIFLE TITLE ☐ Change ☐ Delete WALSH, PAMELA E NAME NAME STREET ADDRESS 2420 SW 15TH TERR STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CHTY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete MARATINEZ, MEDARDO NAME MARTINEZ, MEDARDO NAME STREET ADDRESS 190 \$ HIBISCUS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33139** Addition Addition TITLE . Change TITLE ☐ Delete ALEX FERNANDEZ NAME NAME 146 Teck. F0421 STREET ADDRESS STREET ADDRESS SW CITY-ST-ZIP 33196 CITY-ST-ZIP MIAMI ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-78 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 impowered 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:

ALEX FEENANDE

4/20/00

305-579-0065