2000 UNIFORM BUSINESS REPORT (UBR) **FILED** P98000045666 Mar 27, 2000 8:00 am **Secretary of State** COVEMONT CORPORATION 03-27-2000 90095 027 ***158.75 Principal Place of Business Mailing Address 151 MAJORCA AVE 151 MAJORCA AVENUE, SUITE:C CORAL GABLES, FL33134 SUITE: C CORAL GABLES, C0045524 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0840595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{X} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAEDY R. POZO GABLES INTERNATIONAL PLAZA Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD. PH:1D CORAL GABLES, ${
m FL}$ 33134 Zip Code FL 8. The above named entity submi this statement for the pyroase of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition DIRECTOR NAME NAME ZAEDY R. POZO STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RD. PH:1D CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete · TITLE ☐ Change ☐ Addition NAME. NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 his 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 Other like empowered. SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR