2003 FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 12, 2003 8:00 am Secretary of State DOCUMENT # P98000048870 1. Entity Name 05-12-2003 90232 036 ***150.00 ERNESTO ENRIQUEZ, INC. Mailing Address 101 Collins Ave. Suite 15 Principal Place of Business 10104020 Miami Beach, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0846417 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ernesto Enriquez Street Address (P.O. Box Number contracestable) # 15 Miami Beach, FL33139 City Zip Code 8. The above name april ty submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. ٠ SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. PRESIDENT / DIRECTOR TITLE TITLE ☐ Delete ☐ Change ☐ Addition CR2E037 (9/99 Ernesto Enriquez NAME NAME 101 Collins Ave. # 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Beach, FL 33139 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 receivener trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: