2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000050796 May 08, 2000 8:00 am Secretary of State FERCAZ CORPORATION 05-08-2000 90028 024 ***150.00 Principal Place of Business Mailing Address 2140 N. 25TH AVENUE 2140 N. 25TH AVENUE HOLLYWOOD FL 33020-2353 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business 48 58 RST. 10600 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0911344 PORT Not Applicable OUT \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FERNANDO CAZAUX, FERNANDO A Street Address (P.O. Box Number is 2140 N. 25TH AVENUE HOLLYWOOD FL 33020 sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE or printed name of registered agent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change C ☐ Addition ☐ Delete TITLE FERENDO CAZAUX NAME CAZAUX, FERNANDO A STREET ADDRESS STREET ADDRESS 106.00 SW 2140 N. 25TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD 33 33020 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition : Change Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 changed, or on an attachment with apparatress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR