2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000051158 Apr 26, 2000 8:00 am Secretary of State LAS AMERICAS INC. 04-26-2000 90150 021 ***150.00 Principal Place of Business Mailing Address 12303 HOLLYBUSH TERR. 12303 HOLLYBUSH TERR. BRADENTON FL 34202-2034 **BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0845486 Not Applicable Zip Country Zip - - -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 DEMINO, FRANCES J Street Address (P.O. Box Number is Not Acceptable) 12303 HOLLYBUSH TERR. **BRADENTON FL 34202** Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete NAME DEMINO, FRANCES STREET ADDRESS STREET ADDRESS 12303 HOLLY BUSH TERR CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Addition Change TITLE TITLE NAME NAME MARTINEZ, JUAN STREET ADDRESS STREET ADDRESS 777 PALM AVE. S., #8 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL-34236 Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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