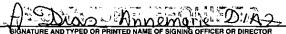
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000053717 Apr 05, 2000 8:00 am Secretary of State A. DIAZ AND ASSOCIATES, INC. 04-05-2000 90067 025 ***150.00 Principal Place of Business Mailing Address 901 N.E. 24TH AVE. 901 N.E. 24TH AVE. HALLANDALE FL 33009 HALLANDALE FL 33009-2865 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0907915 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 901 N.E. 24TH AVE. HALLANDALE FL 33009 Zip Code 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) DATE 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 MÄY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ■ Addition TITLE ☐ Delete NAME NAME DIAZ, ANGEL STREET ADDRESS STREET ADDRESS 901 N.E. 24TH AVE. CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DIAZ, ANNE M NAME STREET ADDRESS STREET ADDRESS 901 N.E. 24TH AVE. CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change = - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME 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:



4/3/00

(1954)46355 83