

1999

DIVISION OF CORPORATIONS

DOCUMENT # P98000056199 JK

1. Corporation Name

Siroa Corporation

Principal Place of Business

2277 SW 3rd St.  
Miami FL 33135FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90032 037 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |                                                              |  |                                              |  |                                                         |  |                                                        |  |                                                                             |  |
|--------------------------------|--|---------------------|--|--------------------------------------------------------------|--|----------------------------------------------|--|---------------------------------------------------------|--|--------------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 23. Mailing Address |  | 3. Date incorporated or Qualified                            |  | 4. FEI Number                                |  | 5. Certificate of Status Desired                        |  | 6. Election Campaign Financing                         |  | 7. This corporation owes the current year intangible Personal Property Tax. |  |
| 21. 2277 SW 3rd St.            |  | 24. SAME            |  | 06/24/98                                                     |  | 650845551                                    |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  | <input type="checkbox"/> \$5.00 May Be Added to Fees   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |  |
| 22. City & State               |  | 27. City & State    |  | 25. Name and Address of Current Registered Agent             |  | 26. Name and Address of New Registered Agent |  | 81. Name                                                |  | 82. Street Address (P.O. Box Number is Not Acceptable) |  | 83. City                                                                    |  |
| 23. Miami Florida              |  | 28. SAME            |  | 29. Juan A. Gonzalez<br>2277 SW 3rd Street<br>Miami FL 33135 |  | 30. SAME                                     |  | 84. City                                                |  | 85. Zip Code                                           |  | 86. Zip Code                                                                |  |
| 24. 33135                      |  | 29. SAME            |  | 30. SAME                                                     |  | 31. City                                     |  | 32. Zip Code                                            |  | 33. City                                               |  | 34. Zip Code                                                                |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                          |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |  |  |
|----------------------------|--------------------------|---------------------------------|--|-------------------------------------------------------|-------------------------------------------------------------------|--|--|
| TITLE                      | President                | <input type="checkbox"/> DELETE |  | 11. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | JUAN A. GONZALEZ         |                                 |  | 12. NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 2277 SW 3rd St.          |                                 |  | 13. STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             | Miami FL 33135           |                                 |  | 14. CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      | Secretary                | <input type="checkbox"/> DELETE |  | 21. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | Esperanza de la C. Lopez |                                 |  | 22. NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 2277 SW 3rd St.          |                                 |  | 23. STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             | Miami FL 33135           |                                 |  | 24. CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE |  | 31. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                          |                                 |  | 32. NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                          |                                 |  | 33. STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                          |                                 |  | 34. CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE |  | 41. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                          |                                 |  | 42. NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                          |                                 |  | 43. STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                          |                                 |  | 44. CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE |  | 51. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                          |                                 |  | 52. NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                          |                                 |  | 53. STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                          |                                 |  | 54. CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE |  | 61. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                          |                                 |  | 62. NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                          |                                 |  | 63. STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                          |                                 |  | 64. CITY-STATE-ZIP                                    |                                                                   |  |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dynamic Phone #

4/27/99 305-417790