2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000057408 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name ASTURIAS INDUSTRIES, INC. 04-28-2000 90090 036 ***150.00 Principal Place of Business Mailing Address 10240 SOUTHWEST 84 AVENUE 10240 SOUTHWEST 84 AVENUE MIAMI FL 33156-2410 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number و يعد ، تونوه المحتري City & State City & State 65-0956101 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kenneth Greenberg SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 10240 SW 84th Ave 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 33156 FL Miami 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change | ☐ Addition ☐ Delete TITLE TITLE GREENBERG, KENNETH NAME STREET ADDRESS 343 ALMERIA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change STD Addition TITLE ☐ Delete TITLE GOLDSTEIN, PETER NAME NAMÉ STREET ADDRESS STREET ADDRESS 343 ALMERIA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 received of 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 a address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: