2000 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2000 8:00 am DOCUMENT # P98000060248 Secretary of State DA - LI CORP. 02-21-2000 90012 025 ***150.00 Principal Place of Business Mailing Address 4273 S.W. 153 CT. 4273 S.W. 153 CT. MIAMI FL 33185-4500 MIAMI FL 33185 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0851513 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ, LILIA Street Address (P.O. Box Number is Not Acceptable) 4273 S.W. 153 CT. **MIAMI FL 33185** 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE ALVAREZ, LILIA NAME STREET ADDRESS STREET ADDRESS 4273 SW 153 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185-4500 ☐ Change Addition ☐ Delete TITLE ALVAREZ, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 4273 SW 153 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185-4500 ☐ Change ← ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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 at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at the same legal effect as if made under oath; that I am an officer or director of the corporation o

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000

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Daytime Phone #