**DOCUMENT #** MIPS INFORMATICA, INC. 00 MAY -5 PM 1:50 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 9721 E. BAY HARBOR DR. #4E BAY HARBOR ISLAND, FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 65-0854999 Not Applicable Zip Country Zip Country \$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 Name AGOSTINO, SERGIO LUIS Street Address (P.O. Box Number is Not Acceptable) 9721 E. BAY HARBOR DR. #4E BAY HARBOR ISLAND, FL 33154 City Zip Code FL 8. The above name s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signatu egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) . typed/or printed 9. This corporation is eligible to satisfy s Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIT! F Change Addition P/S/D NAME NAME AGOSTINO, SERGIO LUIS 100003264421----05/24/00--01003--006 STREET ADDRESS STREET ADDRESS 9721 E. BAY HARBOR DR. #4E CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 \*\*\*\*150.00 TITLE V/D ☐ Delete TITLE PRADO, MONICA NAME NAME 9721 E. BAY HARBOR DR. #4E STREET ADDRESS STREET ADDRESS BAY HARBOR ISLAND, FL 33154 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental recoff the corporation or the receiver or trustee. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information prt 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 impowered 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 attachr ss, with all other like empowered SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2062

## MIPS INFORMATICA, INC. DOC.#P98000068676

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ATTN: MICHELLE MILLIGAN

AS PER OUR PHONE CONVERSATION ENCLOSED YOU WILL FIND THE 2000 UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. AS I WAS EXPLAINING TO YOU I NEVER RECEIVED THE REJECT LETTER FOR MY CORPORATION. PLEASE TAKE THIS LETTER OF EXPLANATION TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE ADDRESS LISTED IN THE REPORT.

CORDIALLY SERGIO LUIS AGOSTINO PRESIDENT