2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # | P98000069550 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name FIREMAX, INC. 04-22-2000 90024 019 ***150.00 Principal Place of Business Mailing Address 14873 SW. 82ND TERRACE 14673 SW. 82ND TERRRACE MIAMI-FL 33199 MIANI-FL 33199-2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0856384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANGO, RICARDO 14873 SW. 82ND TERRRACE 15868 SW74 Lane MIAMIEL 33183 MIUMI F1 33193 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 DATE Signature, typed or printed name of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib 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. CR2E034 (9/99 PD Addition 🗹 Delete TITLE ieves-Bango TITLE NIEVES-BANGO, JACQUELINE NAME 14873 SW. 82ND TERRRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Addition Delete TITLE TITLE BANGO, RICARDO NAME NAME STREET ADDRESS STREET ADDRESS 14873 S.W. 82ND TERRACE CITY-ST-ZIE City-St-ZiP **MIAMI FL 33193** ☐ Change - ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE 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.

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DII

SIGNATURE: