FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P98000073404 05-15-2001 90064 014 ***150.00 CRAMSTAFF INTERNATIONAL, INC. Mailing Address Principal Place of Business 104 CRANDON BLVD. 104 CRANDON BLVD. N C G G L A SUITE 324 SUITE 324 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 IV.W. Leveunu DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0869255 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent UMANA, JOSE RODRIGO 104 CRANDON BLVD. SUITE 324 **KEY BISCAYNE FL 33149** pubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity 4/25/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ped 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 .12 umana Jose R 10 N.W. Leveune Rd. Svite 305 G 11. OFFICERS AND DIRECTORS Change TITLE **PCEO** Delete TITLE NAME NAME UMANA, JOSE R STREET ADDRESS 104 CRANDON BLVD., SUITE 324 STREET ADDRESS 41ami F1, 3326 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** volanda mendoza 10 N.W. Lefeure Ra. Suit TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 41ami = 1.33121 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Felipe consider Rd. Suit 305 G. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 frue 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 of tuestee 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR