2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000075760** Feb 15, 2000 8:00 am Secretary of State 1. Entity Name LA PETIJA, CORP. 02-15-2000 90024 001 ***150.00 Principal Place of Business Mailing Address 19711 S.W. 198 STREET 19711 S.W. 198 STREET MIAMI FL 33187-2324 MIAMI FL 33187-2324 1 £ 0 1 1 € U U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0861822 Not Applicable Zip Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TORRENT, DIANA M Street Address (P.O. Box Number is Not Acceptable) 10563 S.W. 92 AVENUE MIAMI FL 33176 Zip Code City 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. П 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. ☐ Addition ☐ Delete TITLE ☐ Change TORRENT, DIANA M NAME 10563 S.W. 92 AVENUE STREET ADDRESS ADDRESS ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME _ appness STREET ADDRESS CITY-ST-ZIP ST-7IP TITLE : Change ☐ Addition ☐ Delete NAME STREET ADDRESS ADDRESS CITY-ST-ZIP ST-715 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS ADDRESS. CITY-ST-ZIP ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS ST ZIP CITY-ST-ZIP

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.

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

MATURE: Diamajum Blossent
Signature and typed on Printed name of Signing Officer on Director

2/11/00 (305) 274-162