2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P98000075760 LA PETIJA, CORP. 02-28-2001 90045 017 ***150.00 Principal Place of Business Mailing Address 19711 S.W. 198 STREET 19711 S.W. 198-STREET 924634 MIAMI FL 33187-2324 MIAMI FL 33187-2324 2. Principal Place of Business 3. Mailing Address 0563 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0861822 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box U.Š Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRENT, DIANA M Street Address (P.O. Box Number is Not Acceptable) 10563 S.W. 92 AVENUE MIAMI FL 33176 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE D TITLE Change □ Addition ☐ Delete NAME TORRENT, DIANA M NAME STREET ADDRESS STREET ADDRESS 10563 S.W. 92 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Delete TITI F Change ☐ Addition T'TEF NAME NAME STREE1 ADDRESS STREET ADDRESS CHY-ST-Z:P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS SCREET ACCRESS CITY-ST-ZIP CiTY-ST-ZE TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP

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. ana m Torrent 2/21/01

FILED