FILC,	NOW: FILING	FEE AFTER	MAY 1ST IS	<b>\$</b> 55	<b>0.0</b>	<u>,</u> 10		
' COF	' CORPORATION Katherin						FILED	
	1999		Secretary of State DIVISION OF CORPORATIONS				99 DEC 15 PH 3: 26	
DOCUMENT # PARAGA 321145						1-0	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation	pital Inv	restor c	of Amer	100	γ	, Ine.		
	W 49 St.	#511	1840 W 4					
HIALEAH, FL 33012 HIALEAH, 1							09/08/1998	
1	lace of Business	26	Mailing Address				4. FEI Number   Applied For   Not Applicable   Not Applicable	
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & Stat	/ & State City & State						6. Election Cempaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip 94	Country 25	29	Zip	COU	Country		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address		red Agent		81	Name	10. Name and Address of New Registered Agent	
(015E/A QARCIA - [								
7235 Glevengle DR.					82 Street Address (P.O. Box Number is Not Acceptable)			
110	ami FI	33014			83			
10111	ver je i				84	City	FI 85 Zip Code	
11. Pursuant office or re	to the provisions of Section	ns/607,9502 and 607	.1508, Fiorida Statutes Such change was auf	, the a	bove by t	-named com	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
	m familiar with and accord	the obligations of, S	ection 607.0505, Flork	la Stat	utes.		Sierela Canció 12/12/00	
SIGNATURE	Signature, typed or photed rights d	registered agent and title if a	pplicable (NOTE: A	RE /	Agent	grature require	od when refundating)  DATE  DATE	
12.		ICERS AND DIREC	TORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PRESIDENT PEDRO P.	Finlla	C) DECEIE	1.1 TO 1.2 N		Ţ		
STREET ADDRESS				1		ADDRESS		
CITY-ST-ZIP	1840W 49		HIALETA h	_	TY-ST	-ZIP		
TITLE	SECRETARY BISEIA C	Sancia	☐ DELETE	2.1 11			Change Addition	
NAME STREET ADDRESS				2.2 N		ADDRESS	5000030777556 -12/22/9901042003	
CITY-ST-ZIP	1840 W 49	51 # <i>5</i> 11	HINLEAN		ΠY-81		####150_00 ####150_08	
TITLE			☐ DELETE	3.1 Tr	ηÆ		☐ Change ☐ Addition	
NAME				3.2 N				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CI 4.1 TI	_		☐ Change ☐ Addition	
<b>VAME</b>				4.2 N	AME.	1		
STREET ADORESS						ADDRESS		
CITY-ST-ZIP			DELETE	4.4 CT 6.1 TT	TY-ST	-ZIP	☐ Change ☐ Addition	
NAME (			LJ VELETE	5.2 NA				
STREET ADORESS				1		ADDRESS	•	
CITY-ST-ZIP				5.4 CF		ZIP		
TITLE			□ DELETE	6.1 TH	TE .	I -	☐ Change ☐ Addition	

6.3 STREET ADDRESS

14. 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 annual report or supplemental argued 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 problem or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance is a signature.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR

Date:

Description:

Descri

NAME

STREET ADDRESS

CR2E034 (11/98)

December 13, 1999

Division of Corporations P.O. Box 6327 Tallahasse, Fl. 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation CAPITAL INVESTOR OF AMERICA, INC.

Thank you for your courtesy in this matter.

GISELA GARCIA SECRETARY