2003 FOR PROFIT CORPORATION

FILED Mar 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P98000077819 1. Entity Name 03-21-2003 90078 006 ***158.75 MAYA DIRECT INC. Principal Place of Business Mailing Address C/O MONTERO C/O MONTERO 1900 SUNSET HARBOUR DR. 1900 SUNSET HARBOUR SUITE 2208 MIAMI FL 33139 MIAM! FL 33139 Principal Place of Business 3. Mailing Address 900 SUNJET HARBOUR DR Suite, Apt. #, etc. ' CHECK HERE IF MAKING CHANGES MIAMI BEACH 4. FEI Number Applied For 65-0862627 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTERO, MANUEL Street Address (P.O. Box Number is Not Acceptable) 1900 SUNSET HARBOUR DR SUITE 2208 MIAMI FL 33139 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE BARBARA BIBAS MONTERO ☐ Change Addition NAME MONTERO, MANUEL NAME VICE PRESIDENT & TREASURER # \$208 STREET ADDRESS 1379 OLD OAK LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 39110 CITY-ST-ZIP Miami BEACH, FL 33139 TITLE SD Delete DIRECTOR OPERATIONS TITLE ☐ Change Addition A NAME OSKAR VALMANA SELEM, JOSE ELIAS NAME STREET ADDRESS **AVE RUIZ CORTINES NO 51** 4028 ESTEPONA AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP1 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR P

CR2E034 (10/02