2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P98000088200 JRG TITLE SERVICES CORP. 04-17-2000 90133 017 ***150.00 Mailing Address Principal Place of Business 145 MADEIRA AVE 145 MADEIRA AVE **70077009** SUITE 310 SUITE 310 CORAL GABLES FL 33134-4520 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0892089 Not Applicable Country \$8.75 Additional Country Zip 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 SANCHEZ DE VARONA, RAUL J Street Address (P.O. Box Number is Not Acceptable) 145 MADEIRA AVE SUITE 310 CORAL GABLES FL 33134 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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition TITI F TITLE ALFONZO, JOSE E NAME NAME STREET ADDRESS 145 MADEIRA AVE STE 310 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Change ☐ Addition 📈 Delete TITLE TITLE **GUTIERREZ, GUADALUPE** NAME NAME STREET ADDRESS 145 MADEIRA AVE STE 310 STREET ADDRESS CITY-ST-7IP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE SANCHEZ DE VARONA, RAUL J NAME NAME 145 MADEIRA AVE STE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP Addition JOSE A RIERA AVE. NO. 310 ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 of supplier entail report is the 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 it rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.