2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000104724 Feb 05, 2001 8:00 am Secretary of State ENCOMIENDAS A HONDURAS CORP. 02-05-2001 90035 017 ***158.75 Principal Place of Business Mailing Address 6753 SW 88 ST 6753 SW 88 ST **APT B-110** APT R-110 MIAMI FL 33156 MIAMI FL 33156 HS 2. Principal Place of Business パパタ・W・8Tカタア 3. Mailing Address 6753 5 . W . 88 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 0-110 City & State 4. FEI Number Applied For 65-0884395 Mentale Min Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33130 33130 454. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUSS710, JR. SUSSMAN, VOLSA 6753 SW 84TH APT B-110 **MIAMI FL 33156** 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 alod Sur, L. SIGNATURE (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 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 S ADDIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 5/35/73V- VOLEN | Schange | Addition | 8 6753 5.W. 88 M 57. APT B-110 Delete TITLE TITLE SUSSMAN, RICHARD JR NAME NAME 6753 SW 88TH APT B-110 STREET ADDRESS STREET ADDRESS 41, Ami, FL. 33156 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** SUSSMAN RICHARD JECHANGE Addition 67535.CU. 88Th ST. APTB-110 4 Delete TITLE TITI F SUSSMAN, VOLGA NAME NAME STREET ADDRESS 6753 SW 88TH APT B-110 STREET ADDRESS MIAMI, 1=2. 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Addition TITLE ☐ Delete JITLE NAME NAME STREET ADDRESS STREET ADDRESS الماك الأفيسيات CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-30-01 Date