FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 1. Entity Name 02 JUL -9 AMII: 26 HA16A M. E.O INC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 5 7 3 5 3. Mailing Address

7 7 3 5 57TH W1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . 13 4. FEI Number 65-0876371 33409 Applied For Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name MARCO- ESPINOZA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61,25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE MARCO ESPINOZA CR2E034B (12/01) NAME NAME 800006360118--3 -07/12/02--01059--016 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>****158.75__****158.75</u> TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP.== TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE:

MAILLO ESPINOSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CITY-ST-7IP

CITY-ST-ZIP