2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 99.000000337 MAS CANAS CANTINAS INC FILED Principal Place of Business 01 FEB 27 PH 4: 24 Mailing Address 7400 SW 42 St 7400 SW 42 St MIAMI FL 33155 MIAMI FL 33155 SECRETARY OF STATE TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address 41200 DO NOT WHILE HI THIS SPACE Suite, Apt. #, etc. Suite, Apl. #, etc. City & State 4. FEI Number 65-0885410 City & State Not Applicable Zip 1. Country 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 EMERIC I RACZ 14641 SW 141 PL Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 Zip Code 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 FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete [] Change TITLE CHERIC I RACZ NAME 14641 SW 141 PL STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP1; Delete HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE HAME NAME - -STREET ADDRESS STREET ADDRESS ij CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hunther certify that the information indicated on this report or supplemental report is tree and accurate and that my signature shall have the same legal effect as if made under craft; 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 agoress, with all other like empowered. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

79.7al7

LAS CANAS CANTINAS, INC.

January 25, 2001

Division of Corporations

Dear Officers:

In conversation with some people there, we informed that we never received the 2000 annual report because we moved last year to other location.

Then we sent \$150. Check and the annual report as request by telephone.

At this time we don't received 2001 annual report and the corporation is inactive.

Attached find copy of 2000 annual report and check cached for you. Also 2001 annual report with \$150. Check, as request by telephone for somebody there last week.

Thank for your cooperation

Sincerely,

Emeric I. Racz President