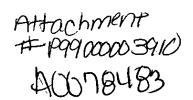
2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

DOCUMENT # P9900003910 Sep 15, 2000 8:00 am Secretary of State BRICKELL BAY CORPORATION 09-15-2000 90016 018 ***150.00 Principal Place of Business Mailing Address 1850 S.W. 142 AVENUE 1850 S.W. 142 AVENUE MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address 1660 N. KENDAU 744 MADEIRA Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Çity & State Applied For City & State Not Applicable IBMI \$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 ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG Street Address (P.O. Box Number is Not Acceptable) 2100 SALZEDO ST., STE. 300 **CORAL GABLES FL 33134** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT □ Addition TITLE TIT! F ☐ Delete PARRA NAME MIRIAM NAME STREET ADDRESS 11660 N. KONDACI DA. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change View Prosinguas TITLE TITLE ADALBONTO PARRA NAME NAME 11660 N. KENDALL Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change - - Addition -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 regeiver or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if





September 8, 2000

Florida Department of State Division of Corporations P.O. box 6327 Tallahassee, FL 32314

RE: Brickell Bay Corporation FEI Number 65-0887979

Gentlemen:

I am in receipt of the form 2000 Uniform Business Report (UBR). I notice that it includes a penalty for late filing.

Please be advised that we moved our residence (new mailing address on the form) early in the year and we did not receive prior notifications.

Based on the above facts, I kindly request that the penalty assessed for late filing be waived.

Thanking you for your consideration. If you have any questions, please do not hesitate to contact me at 305 444-8873.

Sincerely,

Adalherto Parra

Vice President, Secretary