2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 17, 2001 8:00 am Secretary of State DÖCUMENT # P99000014049 1. Entity Name 3DM GROUP, INC. 04-17-2001 90078 036 ***158.75 Mailing Address Principal Place of Business 13054 SW 133 CT 13054 SW 133 CT MIAMI FL 33186 MIAMI FL 33186-2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. City & State City & State 4. FEI Number Applied For 65-0894952 Not Applicable Country Country 7in \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, JUAN FERNANDEZ, JUAN M Street Address (P.O. Box Number is Not Acceptable) 11940 S.W. 78TH TERRACE 5.W. MIAMI FL 33183 Zip Code 33/16 MiAmi 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 \$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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Fernandez, Juan M Addition Change PD ☐ Delete TITLE TITLE FERNANDEZ, JUAN M NAME NAME 10502 S.W. 115st. STREET ADDRESS STREET ADDRESS 11940 S.W. 78TH TERRACE miami F1. 33/76 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition **VPSD** TITLE ☐ Delete TITLE CIRERA, PEDRO A NAME NAME STREET ADDRESS STREET ADDRESS 12800 S.W. 112 STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33186 ☐ Change Addition VPTD ☐ Delete TITLE TITLE NAME CIRERA, PEDRO J NAME STREET ADDRESS STREET ADDRESS 13990 SW 20 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Dayling Phone #