UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name 09-12-2000 90149 025 ***150.00 Mailing Address 00085426 2. Principal Place of Business 3. Mailing Address 5W46 14941 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 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. CR2E034 (9/99) ☐ Addition TITLE ☐ Delete 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 Change . 🗌 Addition Delete TITLE TITLE. NAME 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 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 CİTY-ST-ZIP 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. 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLOWING RIVER SALES INC. 14241 SW 46 Terrace Miami, FI 33175 305-552-1007 Home 305-477-0387 Work

July 18, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FI 32302-1500

Ref: FEI #65-0898335

P99000016903...

To Whom It May Concern:

As per your instructions, enclosed please find Check #1133 in the amount of \$150.00 for FEI #65-0898335. Please note that during our conversation I had indicated that I had never received the renewal form and that at the time I opened the corporation the person did not tell me that every year I would have to renew and submit a payment of \$150.00.

The gentlemen I spoke with at the Division of Corporation told me that considering that I was new at this and the fact that I never received the form, they would go ahead and wave the late fee for this one time only. He also instructed me to send a letter explaining the situation along with the check.

Officers and Directors remain the same as follows:

President and CEO:

Raul Barandiaran

14241 SW 46 Terrace

Miami, Fl 33175

Director:

Raul Barandiaran. - --- --

14241 SW 46 Terrace

Miami, Fl 33175

Thanks in advance for your cooperation concerning this matter. Please do not hesitate to contact me at any of the numbers above should you have any questions or concerns.

Sincerely

Raul Barandiaran