2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 7990000 19887 May 02, 2001 8:00 am **Secretary of State** SUNSHINE ENTERTAINMENT GROUP, INC. 05-02-2001 90174 010 ***150.00 Principal Place of Business 4500 SHERIDAN AVE. 4500 ShERIOAN AVE MIANI, FL 33140 HIAMI, FL 33140 2. Principal Place of Business 3. Mailing Address 00057391 2588 SW 27 Ave. 2573 TRAPP Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number HIANI, 52-2149632 Not Applicat \$8.75 Additional 5. Certificate of Status Desired 33133 *3313* 3 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANZANERO, JUAN PASIO 4500 Sheasons Ave Street Address (P.O. Box Number is Not Acceptable) HIAMI, FL 33140 COCONUT GROVE, Zip Code 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, 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 After MAY 1, 2001 Fee will be \$550.00 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. TITLE ☐ Delete PASIO MANZANERO NAME NAME 4500 SheridAN AM. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Additio TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Additio: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio Delete : 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 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY - ST - ZIP

JUAN PABLO HANZANGAD 4/20/01
NG OFFICER OR DIRECTOR Date