n

DOCUMENT # P99000021847 1. Entity Name 1. FIRST CLASS ASSETS, INC.						May 18, 2000 8:00 an Secretary of State			
Principal Place of Business Mailing Address					\neg		04-19-2000 901	.11 02/ ***1	30.00
1581 BRICKELL AVE. STE. 1202 MIAMI FL 33129		1581 BRICKELL AVE. STE. 1202 MIAMI FL 33129-1237							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	4. FEI Number Applied For Not Applicable			
Zip Country		Zip Count		lry	5.	5. Certificate of Status Desired		itional	
	6. Name and Address of Current	Registered Agent					ess of New Register	<u>_</u>	
RODRIGUEZ, JOSE R 275 FONTAINEBLEAU BLVD. STE: 135 MIAMI FL 33172					HARRINGTON, CARLOS Address (P.O. Box Number is Not Agreptable), STE. 1202				
HILLIN	11 / 12 50 1/2			City M	IANI		F	Zip Code	
Tax filing r	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so.		E: Flegistero	d Agent signature IS \$150.00 will be \$550	required when r	10. Election	Campaign Financing nd Contribution.	\$5.0	O May Be to Fees
11.	OFFICERS AND		12.		A	DDITIONS/CHA	NGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Onetto, Claudio 1581 Brickell ave. Ste. 120 Miami Fl 33129	□ Delete						∭ Change	Addition Res
THILE NAME STREET ADDRESS CITY-SI-ZIP	D ONETTO, ANDRES E 1581 BRICKELL AVE. STE. 120 MIAMI FL 33129	□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONETTO, MARTA B 1581 BRICKELL AVE. STE. 120 MIAMI FL 33129			1	-			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRET HARRINGTON, CAR 1581 BRICKELL ALLE MIAMI, AL. 3312	77.C.Y Delete LOS STE .1202						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1		*****			☐ Charige	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITE NAM STR	E				☐ Change	☐ Addition

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 truetee 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 a address, with all other like empowered.

HARRINGTON - ASSISTANTI SECRETARY