2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State P99000024036 DOCUMENT # 1. Entity Name 05-13-2002 90046 008 ***150.00 CANDELO CORPORATION Principal Place of Business Mailing Address 7633 PINES BLVD. 7633 PINES BLVD. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Pines Blue 7657 Juite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0903873 tines Not Applicable Country Country \$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 = Name BENITEZ, LEO ESQ. Street Address (P.O. Box Number is Not Acceptable) 122 MINORCA AVENUE CORAL GABLES FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) .9._This:corporation.is.eligible.to.satisfy.its:Intangible, . FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE CR2E034 (9/01) ☐ Delete TITLE Valle German, Angel Luis NAME VALLE GERMAN, ANGEL LUIS NAME 7657 Pines Blud 7633 PINES BLVD. STREET ADORESS STREET ADDRESS Peubnke Pines Fl 33024 PEMBROKE PINES FL 33024 CITY-ST-7IP CITY-ST-ZIP Canety Carreras, Manuel KChange TITLE ☐ Delete TITLE NAME CARRERA, MANUE CANETY NAME Pines Blud STREET ADDRESS 7633 PINES BLVD. STREET ADDRESS Rubroke Pines F/ 33024 CITY-ST-78P PEMBROKE PINES FL 33024 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition 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

CITY-ST-ZIP

CITY-ST-7IP