MENT # P99000030129

ne DEFA CORP.

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FILED
May 30, 2000 8:00 am
Secretary of State
05-03-2000 90006 002 ***150.00

e of Business	Mailing Address
8306 Mills Dr.#306 Miami, FL. 33183	8306 Mills Dr.#306 Miami, FL. 33183

lace of Business	3. Mailing Address
#, etc.	Suite, Apt. #, etc.
e	City & State
Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAGALLO, Roberto 8306 Mills Dr. #306 Miami, FL. 33183	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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) DATE

oration is eligible to satisfy its intangible requirement and elects to do so. ☐
ria on back)

FILE NOW! FEE IS $150.00
After MAY 1, 2000 Fee Will Be $350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CHAGALLO, Roberto P 8306 Mills Drive #306 Miami, FL. 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
BRIONES, Adriana L. VP 10875 S.W. 112 Ave.#306 Miami, Fl. 33176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

TURE: [signature] April 20-2000 305.687.8194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #