FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 29, 2001 8:00 am Secretary of State DOCUMENT # P99000030358 05-29-2001 90012 034 ***150 00 CONDESA RACING STABLE INC. Principal Place of Business Mailing Address 3899 NW 7TH ST. #203 3899 NW 7TH ST. #203 771767 MIAMI FL 33126 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business 3114 Havis Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For _4. FEI Number 65-0964507 Not Applicable Country U.S.A **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KODO FO Eakc19 PACHECO, JAVIER Street Address (P.O. Box Number is Not Acceptable) 3899 NW 7TH ST. #203 MIAMI FL 33126 (GOL) City Fl 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE (NOTi Registered Agent signature required when reinstating) me of registered agent and if applicable. 1 FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be Election Campaign Financing l-Fee will be \$550.00 Aftermay 1, 20 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change PD ☐ Delete TITLE NAME PACHECO, JAVIER NAME STREET ADDRESS STREET ADDRESS 3899 NW 7TH ST. #203 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition Change ☐ Delete TITLE TITLE NAME DE PACHECO, PETRA VON E NAME STREET ADDRESS STREET ADDRESS 3899 NW 7TH ST. #203 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Change ☐ Addition ☐ Delete TITLE RTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fiting does not qualify to 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 it y 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 is 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. SIGNATURE: 2

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hechmant #-P9900030358 Lacing Stable Inc.