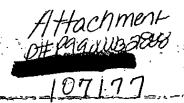
2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P99000032888 MEGALONE INC. 07-07-2000 90394 044 ***550.00 Mailing Address Principal Place of Business 662 S.E. 6 PLACE 662 S.E. 6 PLACE HIALEAH FL 33010 HIALEAH FL 33010-5450 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State FEI Numper 0.5 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent Name FRANCO, JENNIFER M Street Address (P.O. Box Number is Not Acceptable)
3080 SW 24 th Street 701 N.W. 111TH CT. **MIAMI FL 33172** City ht for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement Signature, typed or p (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change ■ Addition TITLE TITLE ☐ Delete GUITIAN, OSCAR F NAME NAME STREET ADDRESS STREET ADDRESS 662 S.E. 6 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Change TITLE Delete TITLE ☐ Addition FRANCO, JENNIFER M NAME NAME STREET ADDRESS 662 S.E. 6 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Secretary Jennifer M. Franco 662 SE 6th PL Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIE traleal; FL ☐ Change **Addition** ☐ Detete TITLE nn e Treasurer NAME Jennikr M. Franco STREET ADDRESS STREET ADDRESS 662 SE With PL CITY-ST-ZP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 lives proposed. SIGNATURE: ._

7/7.



MegaOne, Inc.

Post Office Box 111103 Hialeah, FL 33011

May 30, 2000

Division of Corporations Uniform Business Report Filings Post Office Box.1500 Tallahassee, FL 32302-1500

RE: Corporate Name : MegaOne, Inc.

Tax ID Number : 65-0910391

Document Number: P99000032888

Dear Sir or Madam,

I respectfully request that the annual filing fee of \$150.00 for the above captioned corporation be accepted. The delay was due to the fact that I had a baby on May 4, 2000 and I overlooked the due date. Should it be necessary I can send you any documentation you may request as proof of same.

I have taken the liberty of enclosing a check for \$150.00 in good faith.

Thank you,

MegaOne Inc.

/jmf

Enclosure as stated.