2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P99000034178 1. Entity Name DINERONET INTERNATIONAL INC 09-12-2000 90240 031 ***550.00 U.S.A. INC. **LNERONET** Principal Place of Business Mailing Address 150 ALHAMBRA CIR. SUITE 800 150 ALHAMBRA CIR. SUITE 800 CORAL GABLES FL 33134 CORAL GABLES FL 33134 AUU77016 2. Principal Place of Business 3. Mailing Address BRICKELL AVE 1110 BRICKELL 1110 Suite: Apt. #, etc. 303 Suite, Apt. #, etc. **30.3** DO NOT WRITE IN THIS SPACE City & State. --. City & State ---Applied For 4. FEI Number PL 65-1000698 MIAMI Not Applicable Country 翌3131 Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PABLO CIANO VERDEJA, OCTAVIO JR PO. Box Number is Not Acceptable) 150 ALHAMBRA CIR, SUITE 800 CORAL GABLES FL 33134 Zip Code 33149 BTSCANNE 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min, will be \$750,00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (5/00) PD ☐ Addition ☐ Change TITLE ☐ Delete TITLE MCINTYRE, DONALD H NAME NAME STREET ADDRESS STREET ADDRESS 200 BUTTONWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change ☐ Addition TITLE TITLE ☐ Delete PABLO CLANO NAME NAME 1110 BRICKELL AUE, SUITE 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33131 ٣ ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address with the information 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 the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that th

SIGNATURE:

SIGNAL (PA BLO) ECUPA I

8/30/00

305-174-7699

Daytime Phone #



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on June 9, 2000, to Articles of Incorporation for DINERONET INTERNATIONAL INC. which changed its name to DINERONET USA INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P99000034178.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Sixteenth day of June, 2000



CR2EO22 (1-99)

K**atherine Harris** Katherine Harris Secretary of State