2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2000 8:00 am Secretary of State IENT # P99000038082 1. Entity Name EDAR CORPORATION 05-24-2000 90181 044 ***150.00 Principal Place of Business Mailing Address 19975 N.W. 2nd Ave.#6 19975 N.W. 2nd Ave. #6 Miami, Fl 33169 Miami, Fl 33169 2. Principal Place of Business 3. Mailing Address 19975 N.W. 2nd Ave. 19975 NW 2nd Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #6 #6 City & State City & State 4. FEI Number Applied For Miami, Fl Miami, Fl 65-0913966 Not Applicable Country Zip Country \$8.75 Additional USA 5. Certificate of Status Desired 33169 33169 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>ARTURO ESPINOSA</u> ESPINOSA, ARTURO Street Address (P.O. Box Number is Not Acceptable)
19975 N.W. 2nd. Ave. #6 8625 N.W. 186 St. Hialeah, Fl 33015 City Miami 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3411 ☐ Delete TITLE Change ☐ Addition IAME ESPINOSA, EDGAR 19975 NW 2nd Ave #6 NAME TREET ADDRESS STREET ADORESS JTY-ST-ZIP CITY-ST-ZiP MIAMI, FL 33169 TLE ☐ Delete TITLE ☐ Change Addition AME NAME ESPINOSA, EDGAR TREET ADDRESS 19975 NW 2nd Ave #6 STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TIFLE Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-7IP T) F ☐ Delete TITLE ☐ Change Addition NAME REET ADDRESS STREET ADDRESS TY - ST - 71P CITY-ST-ZIP ☐ Delete Addition NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

IGNATURE: