May 12, 2002 8:00 am \$ Secretary of State **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) P99000039072 DOCUMENT # 1. Entity Name LLANGANATES TREASURES, INC. 05-12-2002 90646 017 ***150.00 Principal Place of Business Mailing Address 1515 SAN REMO AVE 1515 SAN REMO AVE APT E8 APT E8 CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Mailing Address 6158 \(\Lambda\) 2. Principal Place of Business NW 74 AUENUE AUENUE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0915131 FLORIDA MIAMI FLORIDA MLAMI Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 33 1 66 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANJA CASTAN XIMENA GRANJA VARAS, XIMENA A 1515 SAN REMO AVE APT E8 MIAMI FL 33146 CITYMIAMI, FLORIDA 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 Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE ☐ Change ☐ Addition TITLE ☐ Delete GRANJA VARAS, XIMENA A NAME NAME 25 MENORES AVENUE SUITE 1 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete GRANJA DE ARROYO, VERONICA NAME 1515 SAN REMO AVE APT E8 STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP TITLE - Change ☐ Addition ☐ Delete ZAMORA, WALTER ARROYO NAME 1515 SAN REMO AVE APT E8 STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 27,000 ☐ Delete TITLE Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR