2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P99000040413 Apr 22, 2000 8:00 am Secretary of State MARTE & VENUS INTERNATIONAL, CORP. 04-22-2000 90021 008 ***158.75 Principal Place of Business Mailing Address 221 NW 85 PLACE 221 NW 85 PLACE MIAMI FL 33126-8307 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 0916603 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ECHAVARRIA, MERCEDES Street Address (P.O. Box Number is Not Acceptable) 221 NW 85 PLACE MIAMI FL 33126 Zip Code FL 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) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete MARTE, DIGNA J NAME 221 NW 85 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE ECHAVARRIA, MERCEDES NAME NAME 221 NW 85 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33126 ☐ Change Addition TITLE. ☐ Delete TITLE MAITE RODRIGUEZ-CUEVAS NAME NAME 20085 NE 3ct Apt #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179-2956 CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

Daytime Phone #