UNIFORM BUSIN

(29 (Y)(X)



1. Entity Name 1. Entity Name				OI AUG 27 PM 1: 19 SECRETARY OF STATE		
Principal Place of Business Malling Address 3078 MW 1357 3078 MW 1357 MIRMI, PL 33125 MIRMI, PL 33125						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 918039 Applied For Not Applicable		
Zip	Country	Zip	Country	Certificate of Status Desired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Olga 3018	Garga NW 1	3st .	Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)		
MIE	Mari Mari	33125	City	FL Zip Code		
8. The above named entity submits this statement for the burgoes of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE State of Florida. NOTE: Registered Agent storage required when reinstating) DATE 10. Florida: Comparison States Comparison States of Florida.						
Tax (Illing requirement (See criteria on back)	and elects to do so.	Atter MAY 1, 2001 Make Check Payable	Fee willibe \$550 go Dapartment o	Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
THE 10001 /	11/2/2/ / -//	The Delate	TOTAL .	Change [Addition .		

NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-81-70 TITLE Change TITLE Addition Addition NAME NAME 1357 STREET ADDRESS STREET ADDRESS 3/25 MIAN CHY-ST-ZP CITY-ST-ZIP ****300.00 201.25-AR TITLE Delete . Change ___ Addition TITLE NAME NAME 10.00 - ARAPIS LS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete - El-Change mle Addition NAME 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 TITLE Delate ☐ Change . ☐ Addition MILE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIYY-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 proport is true and sociutate 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 transfer employered 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 another like employered.

27 AVE PLAZA INVESTMENTS, INC. 3028 N.W. 13 STREET MIAMI, FLORIDA 33125 (305) 633-3059



August 21, 2001

V = - 1

Departments of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: 27 AVE PLAZA INVESTMENT, INC #P99000040567

To Whom It May Concern:

As per my conversation with one of your representative, I am sending you a check for \$300.00 for the above referenced corporation. Please note that we have over 20 corporations that we send in every year and for some reason this corporation is not getting to our office. Attached you will find the correspondence that has been sent to me by your office.

I apologize for any inconvenience this has caused your office. If you have any question or need any more information do not hesitate to call me.

Sincerely,

Evelio Garcia