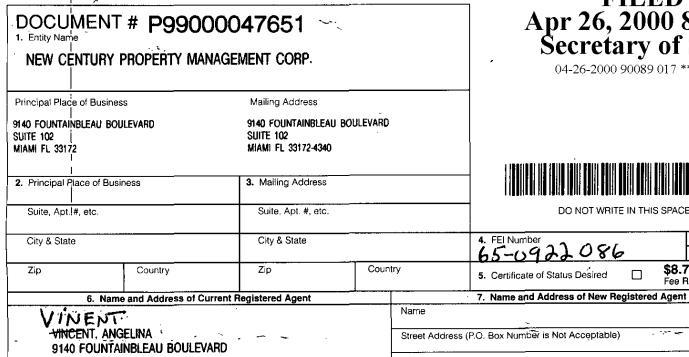
04-26-2000 90089 017 ***150.00

FILED Apr 26, 2000 8:00 am Secretary of State



2000 UNIFORM BUSINESS REPORT (UBR)

MIAMI FL 33172 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VINENT ANGELINA Change POVINENT ☐ Delete TITLE TITLE 9140 FOUNTAIN BLEAU BLUD # 102 NAME NAME VINCENT, ANGELINA STREET ADDRESS STREET ADDRESS 9140 FOUNTAINBLEAU BOULEVARD MIAMI FIA. 33172 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 EGNACIO HUARTE Change Delete TITLE V [] TITLE 9140 FOUNTAINBLAU BLUD #102 NAME **HUARTE, IGNACIO** STREET ADDRESS STREET ADDRESS 9140 FOUNTAINBLEAU BOULEVARD MIAMI 1211. 3717 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Addition CARTOS E. PUERTO Delete
9140 FOUNTAINBLAU BLUDE TITLE C. E.A. TITLE NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FIA. 33172 CITY-ST-ZIP CITY-ST-ZIP --- Change Addition Delete. JITLE. NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 an address, with all other like empowered

SIGNATURE:

3/27/2000

Daytime Phone #