2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000049248** CRYSTAL FORWARD, CORP. 05-21-2000 90006 014 ***150.00 Principal Place of Business Mailing Address 6913 NW 82 AVENUE 6913 NW 82 AVENUE MIAMI FL 33166 MIAMI FL 33166-2766 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 Applied For Not Applicable 65-0923308 Zip 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 . -- .--CARMONA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 6913 NW 82 AVENUE MIAMI FL 33166 City 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, TIT! F DPTS ☐ Delete TITLE ☐ Addition NAME CARMONA, FERNANDO NAME STREET ADDRESS STREET ADDRESS 6913 NW 82 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-718 TITLE ☐ Delete TITLE Change ☐ Addition NAME ADDRESS STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Delete [] Change ☐ Addition CRECOND HOLLON ···· ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS ST-7IP 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 aljother like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O U.ZZ 2000

Daytime Phone #