2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000049935 Sep 14, 2000 8:00 am Secretary of State 1. Entity Name FAMILY FUNDING, INC. 08-04-2000 90005 030 ***558.75 Principal Place of Business . Mailing Address 15130 SOUTHWEST 51ST STREET 15130 SOUTHWEST 51ST STREET MIRAMAR FL 33027 MIRAMAR FI 33027 2. Principal Place of Business 3. Mailing Address 1790 W 49 ST 15130 SW SI ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 203 City & State
HIA LEAL City & State Applied For 4., FEI Number Not Applicable Country Zip 33027 Zip Country \$8.75 Additional Certificate of Status Desired 1).S.A Fee Required -6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750:00 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 21. 12 PD ☐ Addition TITLE Change TITLE Delete BASTIDAS, FERNANDO NAME NAME 15130 SOUTHWEST 51ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 VICE PRESIDENT TITLE TITLE Change ☐ Addition Delete SPAIN, T M NAME NAME 15120 SW 51 ST 15130 SOUTHWEST 51ST STREET STREET ADDRESS STREET ADDRESS MIRANAR FL 33027 CITY-ST-7P CITY-ST-ZIF MIRAMAR FL 33027 ☐ Change ■ Addition TITLE TITLE ☐ Defete FERNANDEZ RAMON NAME NAME STREET ADDRESS STREET ADDRESS 15130 SOUTHWEST 51ST STREET CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 espen t TITLE ☐ Change Addition Delete _andires -NAME MAME 122 et STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TILLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS 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:

Manard BE RESOLUED

FERNANDO BASTIDAS

305-362-1303