May 02, 2002 8:00 am § Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000059814 1. Entity Name 05-02-2002 90085 008 ***150.00 ACCOUNTING ADVANTAGE, INC. Principal Place of Business Mailing Address 13876-9W-58-9T #803 -10070 GW 50 OT #000 357892 MIAMI-FL-33176-MIAM) FL 03175 2. Principal Place of Business 9745 SUNSET DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0932664 MIAMINot Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ. MICHAEL -13876 SW 56 ST #333-MIAMI FL 33175 --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 of registered a on 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, 2002 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 11. OFFICERS AND DIRECTORS MICHAEL PEREZ PRES. TITLE ☐ Delete PEREZ, MICHAEL NAME NAME 9745 SUNSET DR. # 105 13876 SW 56 ST #399 STREET ADDRESS STREET ADDRESS MIAMI-FL-33175-CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33173 □ Change ☐ Delete TITLE TITLE BLANCA CORRIE, V.P. NAME NAME 9745 SUNSET DR. # 105 STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ⁻□ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 offer like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/16/02 305-271-0500

Change

Addition