2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000060973** CAMOMO, INC. 05-04-2000 90122 050 ***150.00 Mailing Address Principal Place of Business C/O LARREA & ORTEGA C/O LARREA & ORTEGA 2300 CORAL WAY, SUITE 111 2300 CORAL WAY, SUITE 111 PARATARY MIAMI FL 33145 MIAMI FL 33145-3511 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, SUITE 103 MIAMI FL 33145 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT HOADES FRANCISCO J PRESIDENT D TITLE ☐ Delete MATALLANA-RHODES, FRANCISCO J NAME 10700 SW 116- AVE NAME STREET ADDRESS 10700 SW 116TH AVE STREET ADDRESS MIAHI, FL 33176 CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33176** VICE-PRESIDENT Change ☐ Addition ☐ Defete TITLE TITLE LOPEZ GUSTAVO LOPEZ, GUSTAVO NAME NAME 701 Bricken key BIVD #2403 STREET ADDRESS STREET ADDRESS 701 BRICKELL KEY BLVD #2403 33131 CITY-ST-7IP CITY-ST-ZIP MIAHI. MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE

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 the report of the corporation of the

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Francisco Rhotes Matallanci 4/28/00