2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2000 8:00 am DOCUMENT # P9900063227 Secretary of State 1. Entity Name PALM BEACH PASO FINO, INC. 03-08-2000 90033 047 ***150.00 Principal Place of Business Mailing Address 3855 FIELD VIEW WAY 3855 FIELD VIEW WAY WELLINGTON FL 33414 WELLINGTON FL 33414-7319 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935959 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, JOSE L Street Address (P.O. Box Number is Not Acceptable) 3855 FIELD VIEW WAY **WELLINGTON FL 33414** Zip Code City FL 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. (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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. 0.14 (9/99 ☐ Change Addition Delete TITLE TITLE HERNANDEZ, JOSE L NAME NAME 3855 FIELD VIEW WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Addition TITLE ☐ Delete ☐ Chance LIZCANOEZ, GERARDO J NAME NAME STREET ADDRESS STREET ADDRESS 4693 CARLTON GOLF DR CITY-ST-ZIP CITY-ST-ZIP **LAKE WORTH 44 33467** ☐ Change Addition ☐ Delete TITLE TITLE AMIN, PEDRO C NAME NAME 3855 FIELD VIEW WAY STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE VASQUEZ, LUIS H NAME NAME STREET ADDRESS 3855 FIELD VIEW WAY STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP WELLINGTON FL 33414 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS 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 ther like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME ON SIGNING OFFICER OR DIRECTOR

Delete

3-6-00

9666600

Change

Addition