FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 19, 2002 8:00 am Secretary of State **DOCUMENT #** P9900063633 1. Entity Name CORDACO HOMES, INC. 02-19-2002 90050 030 ***150.00 Principal Place of Business Mailing Address -7100 SW 47TH GT-7126 SW 47TH ST MIAMI FL 33155-MIAMI EL 23155. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0935342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORTINA, VINCENT T Street Address (P.O. Box Number is Not Acceptable) 12720 SW 68 TERR **MIAMI FL 33183** 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 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Šee criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Change ☐ Delete TITLE CORTINA, VINCENT T NAME NAME 12720 SW 68TH TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-7IP ☐ Addition VPD ☐ Change ☐ Delete TITLE TITLE DANIELS, DAVID D NAME NAME 10331 SW 18TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33025** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE COZZI, ROBERT M JR. NAME 7136 SW 47TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachmen with an address, with all other tipe empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ayid D. Daniels J. Partient