2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000067241 Feb 21, 2000 8:00 am Secretary of State TELE - USA MARKETING, INC. 02-21-2000 90041 034 ***150.00 Principal Place of Business Mailing Address 620 NW 22ND AVENUE 620 NW 22ND AVENUE STF A STE A MIAMI FL 33125 MIAMI FL 33125-3305 3. Mailing Address 2. Principal Place of Business 1800 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-09370 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARAGON, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 620 NW 22ND AVENUE STE A **MIAMI FL 33125** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ept **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After M/Y 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees 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 11. **Addition** TITLE PD ☐ Delete NAME ARAGON, JUAN CARLOS NAME STREET ADDRESS STREET ADDRESS 9248 SW GRAND CANAL DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change_ _____Addition_ TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE D De ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJJY-ST-ZJP ☐ Addition TITLE Change ☐ De ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETAL

2 305 - 149 - 941) ate Daytime Phone #