| 2001 DOCUI 1. Entity Nam JOBAS CO     | JK I   | (ORI                     | K)  | FILED Apr 26, 2001 08:00 AM Secretary of State |                  |                        |             |                              |                            |                |                 |                          |              |
|---------------------------------------|--|--------------------------|---|--|------------------|------------------------|-------------|------------------------------|----------------------------|----------------|-----------------|--------------------------|--------------|
| Principal Place                       |  |                          | Mailing Address   |  | <u> </u>         |                        |             |                              |                            |                |                 |                          |              |
| MIAMI<br>33135                        |  | FL                       | MIAMI<br>33135  |  | FL               |                        |             |                              |                            |                |                 |                          |              |
| 2. Principal Pl                       | ace of Business  |                          | 3. Mailing Address  |  |                  |                        |             |                              |                            |                |                 | -                        |              |
| Suite, Apt.                           | #, etc.  |                          | Suite, Apt. #, etc.   |  |                  |                        |             | DO                           | O NOT WRI                  | TE IN THIS     | SPACE           | _                        |              |
| City & State                          | 9  | FL                       | City & State  |  | FL               |                        | 4. FEIN     | Number<br>095246             |                            |                | <del></del>     | Applied For              | <u>-</u>     |
| Zip<br>33135                          | Cot  | ıntry                    | Zip<br>33135  | Cour   | itry             |                        | 5. Certi    | ficate of Statu              | s Desired                  |                | \$8.75 A        |                          |              |
|                                       | 6. Name and A  | ddress of Currer         | t Registered Agent  |  |                  |                        | 7. Nam      | e and Addres                 | s of New F                 | Registered     |                 |                          |              |
| KASS<br>1497 NW 7T                    | MARK EE:<br>H ST   | sQ                       |   |  | Name<br>Street A | ddress (P.0            | D. Box N    | lumber is Not                | Acceptable                 | )<br>)         |                 | <u>-</u> -               | :            |
| MIAMI<br>33125                        | US   | ;                        | FL  |  | City             | <del></del> .          |             |                              | <u>-</u>                   | FI             | Zip Co          | ode                      | _            |
| 8. The above                          | named entity subn  | nits_this statement      | for the purpose of changing it  | s register                                     | ed office or     | registered             | i agent,    | or both, in the              | State of Fig               |                |                 | · · ·                    | 1            |
| SIGNATURE _                           | Signature, typed or printe                                 | d name of registered age | nt and title if applicable. (NO   | TE: Registere                                  | d Agent signati  | ure required wh        | eo reiostat | ina)                         |                            | 04/20          | 5/2001          |                          | -            |
| Tax filing re                         | ration is eligible to<br>equirement and ele<br>ia on back) |                          | FILE NOW After MAY 1, 2 Make Check Paya   | 001 Fee  | will be \$       | 550.00                 | 1<br>200    | 0. Election Ca<br>Trust Fund | ampaign Fir<br>Contributio | nancing        |                 | .00 May Be<br>ed to Fees |              |
| 11.                                   | D  | OFFICERS AN              | D DIRECTORS   | 12.  |                  |                        | ADDIT       | ONS/CHANG                    | ES TO OFF                  | ICERS AN       | D DIRECTO       | RS IN 11                 |              |
| TITLE NAME STREET ADDRESS             | BASULTO<br>1173 SW 22ND A                                  | JORGE<br>AVE             | ☐ Delete  | nam<br>Stri                                    |                  | D<br>BASULT<br>1910 SW |             | JORGE                        |                            |                | <b>⊠</b> Change | Addition                 | E034 (11/00) |
| CITY-ST-ZIP                           | MIAMI  |                          | FL 33135  | _  | -ST-ZIP          | MIAMI                  |             |                              |                            | FL             | 33135           | . ~                      |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                          | ☐ Delete  |  |                  |                        |             |                              |                            |                | ☐ Change        | e 🔲 Addition             | CR2          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                          | ☐ Delete  |  |                  |                        |             |                              |                            | <del>-</del> _ | ☐ Change        | B ☐ Addition             |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                          | ☐ Delete  |  |                  |                        |             |                              |                            |                | Change          | e                        |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                          | ☐ Delete  |  |                  |                        |             |                              |                            |                | ☐ Change        | e ☐ Addition             |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                          | ☐ Delete  |  |                  |                        |             |                              |                            |                | Change          | Addition                 |              |
| of the corp                           | poration or the rece                                       | siver or trustee em      | th this filing does not qualify find its true and accurate and that powered to execute this report, with all other like empowered | my signa<br>t as requi                         | THE COAH D       | ava tha car            | ന് ചാവര     | Lattact se it m              | ada undar                  | anthi that l   | am an office    | or or director           |              |
| SIGNAT                                | URE:   | e Basulto                | PRINTED NAME OF SIGNING OFFICE  | OD DIDEO                                       | ron              |                        | D           | 04/2                         | 6/2001                     |                | Daytime Phone   |                          | _            |

Daytime Phone #