2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000077548 May 02, 2000 8:00 am 1. Eritity Name **Secretary of State** OXA, INC. 05-02-2000 90119 014 ***150.00 Mailing Address Principal Place of Business SUNTRUST BUILDING SUNTRUST BUILDING 777 BRICKELL AVENUE. SUITE 950 777 BRICKELL AVENUE, SUITE 950 MIAMI FL 33131-2811 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 150 Alhambra Cr. 150 Alhambra Cr. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite # 1270 Suite # 1270 Applied For City & State Coral Gables, Fl. City & State Not Applicable Coral Gables, Fl Country Zip 33134 Country \$8.75 Additional 5. Certificate of Status Desired USÁ 33134 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _{Name} Rodriguez, Jose A. RODRIGUEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) SUNTRUST BUILDING 777 BRICKELL AVENUE, SUITE 950 Suite # 1270 MIAMI FL 33131 CityCoral Gables, Fl. Zip God 134 and the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This of poration 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, 2000 Fee will be \$550.00 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 12. 11. TITLE TITLE ☐ Delete D RODRIGUEZ, JOSE A NAME NAME RODRIGUEZ, JOSE A SUNTRUST BUILDING, 777 BRICKELL AVE. #950 STREET ADDRESS STREET ADDRESS 150 ALHAMBRA CR. #1270 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 CORAL CABLES FL 33134 ☐ Change ☐ Addition TITLE TITLE BOUCHER, RICHARD A. BOUCHER, RICHARD A NAME NAME 150 ALHAMBRA CR. # 1270 SUNTRUST BUILDING, 777 BRICKELL AVE. #950 STREET ADDRESS STREET ADDRESS CORAL GABLES FL. 33134 CITY-ST-ZIP 🗻 MIAMI FL 33131 CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dustee 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.

NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #