FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # P99000080434 1. Entity Name 04-24-2002 90393 022 ***150.00 ADEC CORPORATION Mailing Address Principal Place of Business 5391 SW 32 WAY 5391 SW 32 WAY FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 3. Mailing Address 4067 WIMBLEDON DR 2. Principal Place of Business WIMBLEDON DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State OOPER City & State Applied For 4. FEI Number 65-0948003 Not Applicable Country Us A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUCIA PARRA, MARTHA Street Address (P.O. Box Number is Not Acceptable) 5391 SW 32 WAY FORT, LAUDERDALE FL 33312 City Zip Code FL 8. The move named entity submits this stategory for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE typed or printed name of registered agent and title if applicable. DATE 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 (See 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) TITLE Change Addition TITLE □ Delete NAME NAME PARRA, MARTHA L STREET ADDRESS STREET ADDRESS 5391 SW 32 WAY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Addition TITLE ☐ Delete TITLE NAME SOLER, RICARDO NAME 5391 SW 32 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS 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 other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF

ADD RICARDO SOLER V.P. 4/10/02 9544335822