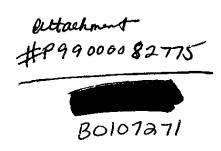
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082775 Sep 20, 2000 8:00 am Secretary of State 1. Entity Name WINDRIFTER CORPORATION 09-20-2000 90003 013 ***150.00 Mailing Address Principal Place of Business 14201 S.W. 97TH AVENUE 14201 S.W. 97TH AVENUE MIAM! FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Ziρ \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRUBER, PETER G P.A. Street Address (P.O. Box Number is 9100 SOUTH DADELAND BLVD. SUITE 910 MIAM) FL 33156 $M \cup M$ 8. The above ranged entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _ registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is engible to satisfy its Intengible 1B. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete MLE TITLE SCHOENING, RICARDO M NAME NAME 14201 S.W. 97TH AVENUE STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change ■ Addition DTLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE . Change__ TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete MILE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CTTY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report of 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 attachme

SIGNATURE:

8,24,2000



WINDRIFTER CORPORATION 14201 SW 97th Avenue Miami, Florida 33176

August 24, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallhassee, Fl. 33124

Gentlemen:

We are attaching the 2000 UBR for Windrfifter Corporation. Please note that we have just received this notification and did not receive any previous notifications and therefore request you advise us what the correct and normal filing fee is.

Thank You for your attention, Sincerely Yours,

WINDRIFTER CORPORATION

Ricardo M. Schoening