2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000086875 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name VILCA MIA, INC. 04-03-2000 90183 039 ***158.78 Principal Place of Business Mailing Address 1773 IBIS LN. 1773 IBIS LN. WESTON FL 33327-1613 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONNAHOE, PRINCE A IV Street Address (P.O. Box Number is Not Acceptable) 2425 E. COMMERCIAL BLVD., STE. 400 FT. LAUDERDALE FL 33308 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** Addition TITLE Delete TITLE ROJAS, ANTONIO J NAME NAME 1773 IBIS LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SILVA, HAYDEE C NAME NAME - /1 ·1773 IBIS LN. 🗥 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL: 33327 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE ROJAS PEREZ, LUIS E NAME NAME 1773 IBIS LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition □ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: ANTONIUT 105AS 3/30/00 954-410-5700

changed, or on an attachment with an address, with all other like empowered