2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # P990000 87875 1. Entity Name FINO STICHES FAC. 09-11-2000 90075 035 ***150.00 Mailing Address 12357 SW 132 CT IANI FC 33186 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) 7 5W 132 ct Zip Code FL amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) rme of registered agent and title if applicable 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, 2000 Fee will be \$550.00 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. ☐ Addition Change TITLE Delete TITLE NAME NAME John Calvi STREET ADDRESS STREET ADDRESS 12357 SW 132 CT CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE Guillermo Betancur NAME NAME STREET ADDRESS STREET ADDRESS 12357 SW 132 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME *Warian* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

Attachment # P9900087875

FINO STICHES INC. 12357 SW 132 CT MIAMI, FL 33186 (305) 253-6545

Friday, September 08, 2000

DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT P99000087875

We have receive our Uniform Business Report for the year 2000. The address is correct but we have not previously receive the reports. We did not intentionally filed late because we never receive the report by the post office.

Please, accept our report with the check of \$150.00, we will make sure our corporation uniform business report will be filed on time from now on.

Thank you for your understanding and attention.

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