ROC UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 799000092181 V May 13, 2000 8:00 am Secretary of State AIRPORT EXECUTIVE VILLET PSRKING, IN 05-13-2000 90034 023 \*\*\*150.00 Mailing Address Principal Place of Business DUOI NW MAKST. MIAMI, JT. 33128 2. Principal Place of Business ANST. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number APPLIED FOR Applied For City & State City & State Not Applicable MILM Country \$8:75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROS, JOSE Street Address (P.O. Box Number is Not Acceptable) 19350 SW 127 LVE MISMI, OC. 33177 Zip Code City 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. OSE ROS - PRESIDENT or printed name 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. tt. Addition Delete TITLE HILF ROS, JOSE 19350 SW. 1274 AVE NAME NAME STREET ADDRESS STREET ADDRESS MILMY J. 33177 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete HILE ROS, MARIA 19350 SW NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 15M1 ☐ Change Addition 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change Addition Delete TRILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ET Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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. JOSÉ ROS - PRESIDENT 4/28/00 (30)643