2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P99000094862** VIVA MIAMI ENTERTAINMENT GROUP OF COMPANIES, INC 04-11-2001 90001 022 ***158.75 Principal Place of Business Mailing Address 9600 N.W. 25TH ST., STE, 4-G 9600 N.W. 25TH ST., STE, 4-G MIAMI FL 33172 MIAM! FL 33172 525379 2. Principal Place of Business 3. Mailing Address 2441 NW 932 2441 NN 93 WAV #102 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE # 102 # 102 City & State Miami - FL. City & State 4. FEI Number Applied For 65-0952629 MIAMI-FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33172 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 8647 3RD STREET MIAMI FL 33126 City Zip Code 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. nen reinstating) E: Registered Agent signal, re required; 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, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BRETOS, MIGUEL A NAME: 9735 FOUNTAINEBLEAU BLVD. #211 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TITLE TITLE MENDES RAQUEL BRETOS NAME mendez, Raquel Bretos 8647 N.W. 3RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP TITLE VICE PRESIDENT TITLE Change Addition JOSE MANUEL PAlmA NAME NAME 2441 NW 93- AVE \$ 102 STREET ADDRESS STREET ADDRESS MIAMI-FL. 33172 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

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 eath; 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.

NAME

TITLE

NAME

TITLE

NAME

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Title F

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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3-20-2001

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