2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 201. COR PROFIT May 08, 2000 8:00 am GIREH INTERNATIONAL, CO. Secretary of State 05-08-2000 90188 010 ***150.00 Principal Place of Business 6800 SW 40th ST. # 177 MIAMITL.33155 2. Principal Place of Business 3. Mailing Address 6800 SW 40 ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ไวว City & State 4. FE! Number Applied For City & State MIMMI, FLORIDA 65-1957300 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name JEANETTE PIZARRO 6705 SW 404 ST. #177 Street Address (P.O. Box Number is Not Acceptable) MIMMI, FL. 33155 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. 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 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 11. 12. Addition ☐ Change PEDRO A. PIZARRO ☐ Delete TITLE NAME 6705 SW 44 ST. #58 STREET ADDRESS STREET ADDRESS PRESIDENT MIDNITEL 33155 CITY-ST-ZIP CITY-ST-ZIE JEANETTE PIZARRO Delete ☐ Change Addition TITLE NAME 6705 SW 44X ST. #58 STREET ADDRESS STREET ADDRESS MIAMILTL. 33155 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE Delete 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 affachment with an address, with all other like empowered.

SIGNATURE: