FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State P99000095017 **DOCUMENT #** 1. Entity Name 05-14-2002 90471 001 *1.050.00 IMOBILIARE, INC. Principal Place of Business Mailing Address 8500 S.W. 8TH STREET, SUITE 222 8500 S.W. 8TH STREET. SUITE 222 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 10101 N DO NOT WRITE IN THIS SPACE City & State State 4. FEI Number Applied For 65-0966111 1am Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent dorrama VALDERRAMA, CARLOS A 8500 S.W. 8TH STREET, SUITE 222 **MIAMI FL 33144** 8. The above named entity submits this state men 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE **C**Change Addition NAME VALDERRAMA, CARLOS A NAME 8500 S.W. 8TH STREET, SUITE 222 STREET ADDRESS. STREET ADDRESS MIAMI FL 33144 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TIT! F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/14/1000 3055540507

Change

☐ Addition