2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000097048 Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** PUSCKA, INC. 06-05-2000 90024 028 \*\*\*150.00 Mailing Address Principal Place of Business U0059424 2. Principal Place of Business 3. Mailing Address 3250 Mary Street Suite, Apt. #, etc. Suite, Apt. #, etc. **DO NOT WRITE IN THIS SPACE** Suite 207 City & State City & State 4. FEI Number Applied For Coconut Grove, FL 65-0962670 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33133 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Yvette G. Murphy, Esq. Street Address (P.O. Box Number is Not Acceptable) 3250 Mary Street, Ste. 207 Coconut Grove, FL 33133 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE VP, D TITLE P,D ☐ Delete Ursula Camino de Alvarado Gonzalo Alvarado NAME NAME 1111 Crandon Blvd., B-1106 1111 Crandon Blvd., B-1106 STREET ADDRESS STREET ADDRESS Key Biscayne, FL 33149 Key Biscayne, FL 33149 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE TITLE VP, D Stephen Dennison X Delete NAME NAME 1111 Crandon Blvd., B-1106 STREET ADDRESS STREET ADDRESS Key Biscayne, FL 33149 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Sec ☐ Delete Yvette G. Murphy NAME 3250 MaRY Street, Ste. 207 STREET ADDRESS STREET ADDRESS Coconut Grove, FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 true employered 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 ke empowèred. 6/22/2000 (305) 442 1992 SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR