2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99 000 10059/ Apr 20, 2000 8:00 am 1. Entity Name MACRO SOLUTIONS, INC. **Secretary of State** 04-20-2000 90020 036 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 1578 SW 186th Terr 186th Terr 1578 Sw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 ~ 0962539 Applied For City & State City & State Pembroke Pines, Florida Pines, Florida Pembroke Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33029 33029 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELIANA S. RANGEL Street Address (P.O. Box Number is Not Acceptable) 1578 SW 186+h Terrace City Pembroke Pines, FI 33029 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 ELIANA S. PANGEL, President ELS. Bel S. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/5/D TITLE ☐ Delete ELIANA S. PANGEL NAME 1578 SW 186th Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pembroke Pines FL, 33029 CITY-ST-ZIP ☐ Addition ☐ Change TITLE MAURICIO J. VILLAFANE NAME 1578 SW 18644 Terrace STREET ADDRESS STREET ADDRESS Pembroke Pines, FL, 33029 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

ELIANA S. RANGEL

changed, or on an attachment with an address, with all other like empowered.