2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P99000103758** HAWKER INCORPORATED 04-25-2001 90369 018 ***150.00 Principal Place of Business Mailing Address 420 LINCOLN ROAD PO BOX 191768 STF 335 MIAMI FL 33119-1768 45/11/3 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0964422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLC INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN ROAD** STE 335 MIAMI FL 33139 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 Acent 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE ☐ Delete TITLE VPresident/Director/Treasurer 🔀 ^{Change} NAME CEJAS, PABLO L NAME STREET ADDRESS 420 LINCOLN ROAD STE 335 STREET ADDRESS CITY-ST-78P MIAMI FL 33139 CITY-ST-ZIP Addition TITLE ☐ Delete T!TLE ☐ Change MONTERO, HILDA C NAME NAME STREET ADDRESS 420 LINCOLN ROAD STE 335 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33139** CITY-ST-ZIP TITLE ☐ Delete President/Director ☐ Change X Addition TITLE MAME NAME Cejas, Paul L. STREET ADDRESS STREET ADDRESS 420 Lincoln Road, Suite 335 Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 717LE Change Addition 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 efficer 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 HILDA C. MONTERO, SECRETARÝ

SIGNATURE:

CER OR DIRECTOR

04/19/01

305-531**-**5220

Daytime Phone #

CR2E034 (10/00)