5/. 2000 UNIFORM BUSINESS REPORT (UBR) Jul 06, 2000 8:00 am DOCUMENT # P99000106131 1. Entity Name **Secretary of State** JARAMILLO INTERNATIONAL CONSTRUCTION AND CONSULT 05-31-2000 90099 043 \*\*\*150.00 Principal Place of Business 2931 CORAL WAY SUITE 201-8 2931 CORAL WAY SUITE 201-8 MIAMI FL 33145 MIAMI FL 33145 Mailing Address Principal Place of Busines: 8180 MM *wи* 0818 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FDEDDY JARAMILLO, FREDDY ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 2931 CORAL WAY SUITE 201-B **MIAMI FL 33145** 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. 7 roosyt *www*ani SIGNATURE E: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition 🔣 Change TITLE **PVTS** ☐ Delete TITLE BUDISHE PUBLICATIONS ALL BISE WILL OSIS NAME JARAMILLO, FREDDY ENRIQUE NAME STREET ADDRESS STREET ADDRESS 2931 CORAL WAY SUITE 201-B CITY-ST-ZIP 33.166 CITY-ST-718 **MIAMI FL 33145** Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITE E 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 eath; that I am an officer or director of the corporation or the receiver or trustee employeded 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 anlarderess, with a other like employed.

address, with changed, or on an attachment with ar

SIGNATURE: