2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$24611 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name L.A. GLASS & MIRROR CORP. 04-12-2000 90002 006 ***150.00 Mailing Address Principal Place of Business 7116 NW 42ND ST 7116 NW 42ND ST MIAM! FL 33166 MIAMI FL 33166-6825 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0237447 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEAL, OMAR Street Address (P.O. Box Number is Not Acceptable) 7116 NW 42 STREET MIAMI FL 33166-6825 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change PD ☐ Delete TITLE TITLE NAME LEAL, OMAR NAME STREET ADDRESS STREET ADDRESS 7116 NW 42 STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33166-6825 ☐ Change ☐ Addition TITLE TITLE VSTD □ Delete NAME NAME LEAL, CASTELLANOS Y STREET ADDRESS STREET ADDRESS 7116 NW 42 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166-6825 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: ____

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

00 (305)593-8555