2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # \$38149** DEVIS. INC. 05-16-2000 90145 045 ***150.00 Principal Place of Business Mailing Address 12791 W. DIXIE HWY. 12791 W. DIXIE HWY. NORTH MIAM! FL 33161-4805 NORTH MIAMI FL 33161 **NUUULIIU**U Principal Place of Business 3620 N.W. 4th PLAC 3. Mailing Address 3620 N.W. 4th PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number niAMI, FL 65-0292133 LORTH JORAH MIAMI, Not Applicable Country USA \$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 Street Address (P.O. Box Number is Not Acceptable) DEVIS, JEAN CLAUDE 12791 W. DIXIE HWY. 13620 N.W. 4# PLACE N. MIAMI FL 33161 NORTH MIAMI 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. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11: * 👌 🗸 Change DP ☐ Addition TITLE TITLE ☐ Delete DEVIS, JEAN-CLAUDE 13620 N.W. 40 PC DEVIS, JEAN CLAUDE NAME NAME 12791 W. DIXIE HWY. STREET ADDRESS STREET ADDRESS N. MIAMI, FL 33168 CITY-ST-ZIP CITY-ST-7IP N. MIAMI FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE

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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-7IF

4-25-2000 (305) 687-6658