2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am **DOCUMENT # \$66400 Secretary of State** 1. Entity Name FLORENCE INVESTMENT INC. 03-05-2001 90329 030 ***150.00 Principal Place of Business Mailing Address 280 BAL CROSS DR. C/O ALBERNI & ALBERNI P.A. BAL HARBOUR FL 33154 4649 PONCE DE LEON BLVD #404 U0030421 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0339082 Not Applicable Zip Country Zip 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 AGUILERA, GUIDO A Street Address (P.O. Box Number is Not Acceptable) 815 PONCE DE LEON BLVD. CORAL GABLES FL 33134 Zip Code City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change DE PUEYO, FLORENCIA E R NAME _ NAME STREET ADDRESS STREET ADDRESS CALLE SAN FRANCISCO CITY-ST-ZIP CITY-ST-7IP CARACAS, VENEZUELA ☐ Change ☐ Addition TITLE ☐ Delete TITLE ALEJANDRO, PUEYO RUIZ NAME NAME STREET ADDRESS STREET ADDRESS CALLE SAN FRANCISCO CITY-ST-ZIP CITY-ST-ZIP CARACAS VE ☐ Change Addition TITLE ☐ Delete TITLE ROSA MARIA, PUEYO RUIZ NAME NAME STREET ADDRESS STREET-ADDRESS CALLE SAN FRANCISCO CITY-ST-ZIP CITY-ST-ZIE CARACAS VE Change Addition TITLE ☐ Delete 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 ☐ Change Addition 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 1 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.

SIGNATURE:

CORENCIA DE PUETO 3/40/ (305)662