2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State S66400 DOCUMENT # 1. Entity Name FLORENCE INVESTMENT INC. Mailing Address Principal Place of Business C/O ALBERNI & ALBERNI P.A. 280 BAL CROSS DR. 4649 PONCE DE LEON BLVD #404 **BAL HARBOUR FL 33154** CORAL GABLES FL 33146 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0339082 Not Applicable Zip 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 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change ☐ Delete TIT! F DE PUEYO, FLORENCIA E R NAME NAME STREET ADDRESS STREET ADDRESS CALLE SAN FRANCISCO CITY-ST-ZIP CARACAS, VENEZUELA CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME ALEJANDRO, PUEYO RUIZ NAME STREET ADDRESS CALLE SAN FRANCISCO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS VE . Change ☐ Addition Delete TITLE ROSA MARIA, PUEYO RUIZ NAME CALLE SAN FRANCISCO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS VE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Feb. 26, 2002