JUL 02 2003 3:56PM HP LASERJET 3200

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 07, 2003 8:00 am**
**Secretary of State**
07-07-2003 90136 031 ***550.00

DOCUMENT # S99373

1. Entity Name
ARCAN INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

90140611

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 781 CRANDON BLVD. | 3191 CORAL WAY |
| Suite, Apt. #, etc.: TOWER III, APT. 501 | Suite, Apt. #, etc.: SUITE #202 |
| City & State: KEY BISCAYNE, FL | City & State: MIAMI, FL |
| Zip: 33149 Country: US | Zip: 33145 Country: US |

4. FEI Number: 65-0299571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CORPORATION COMPANY OF MIAMI
Street Address (P.O. Box Number is Not Acceptable): 201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
City: MIAMI FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Annual Report Fee $ 150.00
Filing Fee $ 25.00
Amended UBR Fee $ 25.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE | DPS |
| NAME | SAEZ, MARIA CRUZ CELMA |
| STREET ADDRESS | CALLE CASIAUIARE QUINTA |
| CITY - ST - ZIP | CARACAS, VENEZUELA |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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CR2E034B (12/02)

12. 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 10 or in an attachment with an address, with all other like empowered.

SIGNATURE: MARIA CRUZ CELMA SAEZ 07.02.03 (305) 4442115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1