2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # V32817 OLA COMPUTERS, INC. 05-05-2000 90073 032 ***150.00 Principal Place of Business Mailing Address 3960 NW 7TH ST. 3960 NW 7TH ST. SUITE 6 SUITE 6 MIAMI FL 33126-5530 MIAMI FL 33126 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0332455 Not Applicable \$8.75 Additional Country 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 TANEN, JEFFREY S. Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD. **SUITE 3250 MIAMI FL 33131** 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TIT! F SD TITLE NAME NAME KELLY, JULIE M. STREET ADDRESS STREET ADDRESS 8563 S.W. 144TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE TITLE PD Delete NAME DIAZ, HIRAM STREET ADDRESS STREET ADDRESS 3960 N.W. 7TH ST. CITY-ST-ZIP -CITY-ST-ZIP MIAMI FL ☐ Addition TITLE □ Delete NAME DIAZ, HIRAM F. STREET ADORESS STREET ADDRESS 3960 NW 7TH ST. CITY-ST-7IP CITY-ST-ZIP miami fl ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITL F TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TOPO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 30V-CYG/OL.

Date Date Daytime Phone *