2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # V36546** 1. Entity Name SCUBA CUBA, INC. 04-12-2000 90083 018 ***150.00 Principal Place of Business Mailing Address 444 BRICKELL AVE 444 BRICKELL AVE SUITE 51-333 SUITE 51-333 MIAMI FL 33131-2403 **MIAMI FL 33131** US 3. Mailing Address 20/00 SW 2. Principal Place of Business 280 ST. 20100 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For REDLAND 4. FEI Number 65-0334841 Not Applicable \$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 CASERO, PILAR Acceptable) 3901 S. OCEAN DR. #7-L HOLLYWOOD FL 33019 SZ 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11, OFFICERS AND DIRECTORS 12. PT ☐ Addition TITLE TITLE ☐ Delete CASERO, PILAR NAME NAME 20100 SW 280 ST STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE. SUITE 51-333 CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE TITLE GATTO, VINCENZO NAME NAME 444 BRICKELL AVE SUITE 51-333 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-MIAMI FL = ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 frustee 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 engowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 (305) 242-4520