2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # V40483 1. Entity Name I.A.M. SERVICES INC. 05-18-2001 91596 018 ***150 00 Principal Place of Business Mailing Address 2946 S.W. 25TH ST. 2946 S.W. 25TH ST. MIAMI FL 33133 MIAMI FL 33133 552384 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0338253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ NODA, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 2946 S.W. 25TH ST. **MIAMI FL 33133** 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 Г 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. DPTS Addition TITLE Delete TITLE Change NODA. ALFREDO NAME NAME STREET ADDRESS 2946 S.W. 25 ST. STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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-7JP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 frue and accurate and that my signature shall have the same legal effect as if made under carm that if an accurate and that my signature shall have the same legal effect as if made under carm that if an accurate and that my signature of the corporation or the receiver actuals are impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bioch 11 to Bioph 12 is changed, or on an attachment with an address, with all other like empowered.

CITY - ST- ZIP

SIGNATURE: K

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

O 1/31/0/
Date Daytime Place #