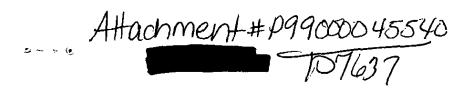
2000 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P99000045540 1. Entity Name E.A.A. LEASING INC. 08-08-2000 90005 013 ***150.00 Mailing Address Principal Place of Business 1610 ROCK LAKE DRIVE 1610 ROCK LAKE DRIVE ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 46 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent - -Name ANDREU, EDUARDO A Street Address (P.O. Box Number is Not Acceptable) 1610 ROCK LAKE DRIVE ORLANDO FL 32805 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. se endous, Plett 19 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS Addition ☐ Change TITLE ☐ Delete TITLE NAME andreu, eduardo a NAME CR2E034 STREET ADDRESS STREET ADDRESS 1610 ROCK LAKE DRIVE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32805 Change ☐ Addition ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME ~ ± . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Citange ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 amaddress with all other like empowered.

REQUEDUARDO A. Andreu

8/8/

FILED



July 28, 2000

E.A.A. LEASING 59-3578769 1610 ROCK LAKE DRIVE ORLANDO, FL 32805

We / I never received a UBR prior to the enclosed form. This is our first year. As instructed, sending you this note along with the amount of \$150.00.

Thanking you for your assistance,

Eduardo A. Andreu