2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K13117** 1. Entity Name MAGNA ADMINISTRATIVE SERVICES, INC.

FILED Jan 28, 2000 8:00 am Secretary of State 01-28-2000 90135 032 ***150.00

Principal Place of Business Mailing Address											
2600 DOUGLAS	RD	2600 DOUGLAS RD									
SUITE 410		SUITE 410									
CORAL GABLES	5 FL 33146	CORAL GABLES FL 33134-6134									
US		US				1 (80)3/(1 40)	11 442 1000 11 46 1 010 1003 1	MATI ALBIA BIAN		i Dori (d a i	
2. Principal P	lace of Business	3. Mailing Address									
	Dixie Hwy. #350	1320 S. Dixie Hwy., #350				(HORKENIK GOL	STABLE ISTOLISTATION TORY	HUREL ULUMA ULUMA	CLELL BLOI	C BERTH CERT	
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN	THIS SPAC	Ε		
Suite 3	350	Suite 350	Suite 350						_		
City & State	9	City & State			4.	4, FEI Number 65-0026888 Apr				plied For	
Coral G	Sables Fl 33146	Coral Gables, FL 3314				Not Applic					
Zip	Country	Zip Country			5	5. Certificate of Status Desired \$8.75 Additional					
	USA		US					Fee Hequired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
المراجعين من المراجع ا					Name						
DUN		Street Address (P.			P.O. Box Number is Not Acceptable)						
1320 S DIXIE HWY											
SIXTH FLOOR						 =	 -				
CORAL GABLES FL 33146				<u> </u>					2. 6.).		
				City				FL Zip Code			
8 The above	named entity submits this statement for	the ourpose of changing its	register	ed office or	registered ac	nent or both	in the State of Florida	·			
G. THE ABOVE	riamed entity debinits this statement for	are perpend or energing to	. ogistor	Ja 011100 01	Togratarea as	goric, or bour,	in the otals on longs			}	
SIGNATURE _	Signature, typed or printed name of registered agent ar	vd title if applicable. (NOTE	Registere	d Agent signati	ure required when t	reinstating)		DATE		 {	
	-, ,- ,- ,- ,										
9. This corporation is eligible to satisfy its intangible FILE NOW!!! I				•		10. Electi	on Campaign Financi	ng	\$5.0	May Be	
Tax filing requirement and elects to do so. After MAY 1, 2 (See criteria on back) Make Check Paya						i .	Fund Contribution	Ŭ□		to Fees	
(See criter	ia on back)	Make Check Payab	ie to De	epartmen:		<u> </u>					
11.	OFFICERS AND E		12.			DDITIONS/CI	HANGES TO OFFICER				
TITLE	DP	☐ Delete Ti		-	DP						
NAME	MENENDEZ, ROSA M			Ε		MENENDEZ, ROSA M.					
STREET ADDRESS	2000 000 000 110 #410			ET ADDRESS	1320 S. Dixie Hwy., Suite 350						
CITY-ST-ZIP	V Delete		CHY	-ST-ZIP	Cora.	Gables,	FL 33146				
TITLE	,		TITLI		V			<u>^</u>	Change	Addition	
NAME	into, ratifice		NAM	_	ARIAS,	RAFAEL					
STREET ADDRESS	SOU DOUGLACTED # 110			ET ADDRESS	1320 S	. Dixie	Hwy., Suite	350			
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY	-ST-ZIP	Coral (Gables,	FL 33146				
TITLE	22 20100		TITL	E					Change	☐ Addition	
NAME .			_NAM								
STREET ADDRESS	1320 S DIXIE HWY. 6TH FLOOR			ET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL 33146	AL GABLES FL 33146		- ST-ZiP							
TITLE	DV ,	☐ Delete 11		i					Change	☐ Addition	
NAME	2 / 11 11 10 10 12 20 1		NAM	E							
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR		STRE	ET ADDRESS	1						
CITY-ST-ZIP	CORAL GABLES FL 33146	ORAL GABLES FL 33146		-ST-ZIP]	
TITLE	DS ,	☐ Delete	TITL	:					Change	☐ Addition	
NAME	DUNCAN, ROSARIO P	-	NAM	Ε	{						
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR		STRE	ET ADDRESS						}	
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE	D	☐ Delete	TITL	<u> </u>					Change	☐ Addition	
NAME	SIERRA, ANTONIO M		NAM	E				_			
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR		STRE	ET ADDRESS	1					ļ	
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY	-ST-ZIP						ľ	
12 I hereby o	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the exe	mption stat	ted in Section	119.07(3)(i)	Florida Statutes. I furti	ner certify th	at the in	formation	
	zo. or, a rationo anomination aupplica with	and importance in its domination	4.00000	passi via				:			

of the corporation or the receiver of acide 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 of the empowered.

SIGNATURE: