2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # F93000004444 REPATIER INTERNATIONAL LTD., INC. 02-01-2001 90064 021 ***150.00 Principal Place of Business Mailing Address 1591 BIRD ROAD 1591 BIRD ROAD CORAL GABLES FL 33146 CORAL GABLES FL 33146 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 98-0035663 Not Applicable Zip Country Zip 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 Crespo, alejandro a Street Address (P.O. Box Number is Not Acceptable) 9260 SW 72ND ST **STE 117 MIAMI FL 33173** Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ■ Addition NAME SAMOUR, RAMON RENE STREET ADDRESS AVENIDA MASFERRER #612 STREET ADDRESS CITY-ST-ZIP SANS SALVADOR, EL SALVADOR CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SAMOUR, DELMY NOTHAS NAME **AVENIDA MASFERRER #612** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANS SALVADOR, EL SALVADOR CITY-ST-ZIP TITLE TITLE ☐ Defete - - - Change ☐ Addition NAME SAMOUR, RENE SALOMON NAME STREET ADDRESS **AVENIDA MASFERRER #612** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANS SALVADOR, EL SALVADOR □ Defete TITI F ☐ Change ☐ Addition NAME SAMOUR, JOSE C NAME STREET ADDRESS AVENIDA MASFERRER, #612 STREET ADDRESS CITY-ST-ZIP SAN SALVADOR EL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SAMOUR, ERNESTO E NAME STREET ADDRESS **AVENIDA MASFERRER, #612** STREET ADDRESS CITY-ST-ZIP SAN SALVADOR EL CITY-ST-ZIP D TITLE ☐ Delete TITLE Change ☐ Addition SAMOUR, DELMY P NAME NAME STREET ADDRESS AVENIDA MASFERRER, #612 STREET ADDRESS

13. I hereby 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 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 according to the corporation of the corporation of the corporation of the corporation of the receiver of 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.

CITY-ST-ZIP

SAN SALVADOR EL

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR