FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # H06228** 1. Entity Name E.D.R. INTERNATIONAL, INC. 01-20-2000 90101 030 ***158.75 Principal Place of Business Mailing Address 3351 SW 110TH COURT 3351 SW 110TH COURT 902371 MIAMI FL 33165 MIAMI FL 33165-3572 3. Mailing Address Pro. Box 521612 2. Principal Place of Business 2500 N. W. 79 ALE DO NOT WRITE IN THIS SPACE City & State MI , FLOCH DA City & State 4. FEI Number Applied For 59-2435403 FLORIDA MIRMI Not Applicable \$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. DEL RIESO, EQUANDO DEL RIEGO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 3351 S. W. 110CT 3250 SW 110 COURT MIAMI FL 33165 Zip Code / CT 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 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Addition TITLE DEL RIEGO, EDUARDO NAME NAME STREET ADDRESS STREET ADDRESS 3351 SW 110TH COURT CITY-ST-ZIP CITY-ST-7IP MIAM! FL 33165 Change Addition TITLE ☐ Delete TITLENAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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 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 all other like empowered. EDUANO DET PHOOD

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: <

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OPPIDER OR DIRECTOR