SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # L30652** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State GEMTCO. CORPORATION** 03-04-2000 90042 037 ***150.00 Principal Place of Business Mailing Address 11811 SW 99TH LANE 11811 SW 99TH LANE MIAMI FL 33186-8500 MIAMI FL 33186 US US 3. Mailing Address 2. Principal Place of Business 7801 NW 52ND STREET 11811 SW 99TH LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0198732 MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33166 33186 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANYS, JACOBI Street Address (P.O. Box Number is Not Acceptable) 11811 SW 99TH LANE MIAMI FL 33186 Zip Code FL purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the General Manager 02/24/00 SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME COHEN, MOISES STREET ADDRESS STREET ADDRESS 13 CALLE 4-17 ZONA 1 CITY-ST-ZIP CITY-ST-ZIP GUATEMALA, GUATEMALA ☐ Addition ☐ Delete Change TITLE COHEN, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 13 CALLE 4-17 ZONA 1 CITY-ST-7IP CITY-ST-ZIP **GUATEMALA, GUATEMALA** ☐ Addition TITLE Change Delete TITLE NAME COHEN, EDUARDO NAME STREET ADDRESS STREET ADDRESS 13 CALLE 4-17 ZONA 1 CITY-ST-ZIP CITY-ST-ZIP GUATEMALA, GUATEMALA ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.