2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # L31486** 1. Entity Name INTER AGRO, INC. 05-17-2000 90953 050 ***150.00 Mailing Address Principal Place of Business P.O. BOX 162651 P.O. BOX 162651 MIAMI FL 33116 MIAMI FL 33116-2651 DUVJ4/U1 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0154552 Not Applicable Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VINENT, PABLO R. Street Address (P.O. Box Number is Not Acceptable) 13079 S.W. 133RD COURT MIAMI FL 33186 Zip Code City FL 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) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition Delete TITLE TITLE NAME VINENT, PABLO R. NAME STREET ADDRESS STREET ADDRESS 13079 S.W. 133RD COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition DS THEF T)TLE □ Delete VINENT, LAURA P. NAME NAME STREET ADDRESS STREET ADDRESS 13079 S.W. 133RD COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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, with all other like empowered.

TABLO R. VINE NT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

365-252-0920

Daytime Phone #

4-20-00

Date