2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P06869 1. Entity Name CORALEX N.V., INC. Principal Place of Business Mailing Address 4995 NW 72 AVE. #303 4995 NW 72 AVE. #303 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Countr Country 6. Name and Address of Current Registered Agent CARLO, CLERICO 4995 NW 72ND AVE SUITE 303 MIAMI FL 33166 8. The above named entity submits this statement for the purpose of changing its registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A FILE NOW!!! FEE IS 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee w (See criteria on back) Make Check Payable to Dep OFFICERS AND DIRECTORS 11. TITLE □ Detete TITLE. VELASCO V., JOSE R. NAME NAME 4995 NW 72ND AVE. STREET STREET ADDRESS CITY-S CITY-ST-ZIP MIAMI FL

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May 17, 2001 8:00 am Secretary of State **FILED**

05-17-2001 91316 033 ***150.00

Country		FEI Number	DO NOT WRIT	E IN THIS	SPACE	Applied Fo	or
Southly	5.	5. Certificate of Status Desired					
. Name ~		Name and Ad	dress of New R	egistered	Agent		
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Street A	ddress (P.O. E	Box Number is	Not Acceptable	:)			İ
			 -				
City				FI	Zip (Code	\dashv
							
istered office o	r registered ag	ent, or both, ir	n the State of Flo	rida.			
istered Agent signal	ure required when r	einstating)		DATE			1
EE IS \$150. Fee will be \$! o Departmen	550.00	1	n Campaign Fina und Contribution			5.00 May E Ided to Fees	Зе
12.	AC	DITIONS/CHA	ANGES TO OFFI	CERS AN	D DIRECT	ORS IN 11	
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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

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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CLERICO, CARLO

MIAMI FL

MIAM) FL

MIAMI FL

CURACAO, N.A.

4995 NW 72ND AVE.

4995 NW 72ND AVE.

4995 NW 72ND AVE.

DE VELASCO, CONSUELO V.

VELASCO V., HORACIO L.

N.V. ANTILLIANNSE BEH.

SCHOTTEGATWEG-OOST 130