May 28, 2002 8:00 am
Secretary of State
05-28-2002 91750 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039422

1. Entity Name: DAINY INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business: 8260 SW 144 Street
Suite, Apt. #, etc.:
City & State: MIAMI - FL
Zip: 33158 Country: USA

3. Mailing Address: 8650 SW 67 Ave
Suite, Apt. #, etc.: UNIT 1021
City & State: MIAMI FL
Zip: 33143 Country: USA

4. FEI Number: 65-0669248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRIEDHOFF JOHN L.
Street Address (P.O. Box Number is not acceptable): 100 SE 2nd Street 17th Floor
City: MIAMI FL Zip Code: 33131

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BONELLO, DANIEL 353 AP 81 R. BARBARA HELIODORA, 218 SAO PAULO - SP 05044-040 BRAZIL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MENINI, EDMO A 8260 SW 144 Street MIAMI FL 33158
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EDMO ALVES MENINI 04/25/2002 (786)268-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #