FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 09, 2000 8:00 am DOCUMENT # **P99000008626 Secretary of State** RAMACOL INTERNATIONAL CORP. 03-09-2000 90099 013 ***150.00 Mailing Address Principal Place of Business 11713 S.W. 91 TERRACE 11713 S.W. 91 TERRACE MIAMI FL 33175-6039 FL 33186 2. Principal Place of Business 3. Mailing Address 55 TERRACE TERPACE 13681 SIW, 13681 S.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. FEI Number 65-0892200 Applied For City & State City & State MIAMI, FL MIAMI, FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 3175 USÁ 33175 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POVEDA, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 11713 S.W. 91 TERRACE **MIAMI FL 33186** MAMI, PL, 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) 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. 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 OFFICERS AND DIRECTORS 12. 11. 66/6 PD Change ☐ Addition ☐ Delete TITLE TITLE POVEDA, RAFAEL POVEDA, RAFAEL NAME 13681 S.W. SS TERRACE STREET ADDRESS STREET ADDRESS 11713 S.W. 91 TERRACE MWMI, PL, 33(75) CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change ☐ Addition TITLE VPD Delete TITLE POVEDA, JAVIER M NAME POVEDA, JAVIE M NAME 13681 SW, 55 TERPACE STREET ADDRESS 11713 S.W. 91 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL, 33175 CITY-ST-ZIP MIAMI FL 33186 (Change Addition Delete TITLE TITLE 2000 WEEL CONSUELD RODRIGUEZ, CONSTELO NAME NAME 13681 SW, 55 TERRACE STREET ADDRESS STREET ADDRESS 11713 S.W. 91 TERRACE CITY-ST-ZIP MIGMI, PL, 75/75 CITY-ST-7IP MIAMI FL 33186 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

S!SNATURE REQUI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR