2003 FOR PROFIT CORPORATION

| <u> </u> | IFONM BOSINE | 33 NEPUNI | (ODN) | A | II 20, 200 | 3 0:00 | <i>j</i> am | 25 |
|---|--|---|---------------------------------------|---|---|---------------------|-------------------|-----------------|
| 1. Entity Nan | MENT # P9900 0 AST TRADING CO. | | S | Secretary of State 04-28-2003 90522 038 ***150.00 | | | ۷۷ | |
| 7225 NW 25 STE 314 MIAMI FL 331 US 2. Principal F | Place of Business H. W. H. Street #, etc. | Mailing Address 7225 NW 25 STREET STE 314 MIAMI FL 33122 US 3. Mailing Address 9771 VW Suite Act. #, etc. | 41 Strend | | CHECK HERE IF MAKIN | | | |
| City & Stat | | City & State | =1 | 4. FEI Number | 65-0904146 | — `` | plied For |] |
| Zip 3317 | S Country | Miami, + | Country | 5. Certificate of S | | \$8.75 Addi | | |
| | 8. Name and Address of Current R | | | 7Name and Ad | dress of New Registered | | | = |
| ARGUER, 7225 NW STE 314 | 25 ST | | Street Ad | dress (P.O. Box Number is | Not Acceptable) | | | |
| MIAMI FL | 33122 | | City | | F | Zip Code | • | |
| 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | | | | | | | | |
| | Signature, typed or partiest name of registered agent an | d the it approable. (NOTE: R | legistered Agent signatur | required when reinstating) | DATE | | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 | State | | | n Campaign Financing und Contribution. | | May Be to Fees | |
| 10. | k Payable to Florida Department of OFFICERS AND C | | 11. | ADDITIONS/CH | ANGES TO OFFICERS AN | ID DIRECTORS | INI 11 | |
| TITLE | DPST | ☐ Delete | TITLE | 7.007110110707 | 11020 10 0111021071 | ☐ Change | Addition | (05) |
| NAME STREET ADDRESS CITY-ST-ZIP | Arquer, Juan 7225 NW 25 St Ste 314 Miami Fl 33122 | | NAME STREET ADDRESS CITY-ST-ZIP | 9771 N.W. 4 Miami, FL | 1 Street, Bay 33178 | 5 | | CR2E034 (10/02) |
| TITLE NAME | V ADOUTED HAAM | ☐ Delete | TITLE | | | Change | Addition | CR2 |
| STREET ADDRESS CITY-ST-ZIP | ARQUER, JUAN 7225 NW 25 ST STE 314 MIAMI FL 33122 | | NAME STREET ADDRESS CITY-ST-ZIP | 9771 NW 41 Migmi, FL. | Street, Bay 5 | | | |
| TITLE NAME | <u> </u> | _ Delete | TITLE | , | | Change | Addition | - |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | F |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | ☐ Addition | |
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| STREET ADDRESS CITY-ST-ZIP | · | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | |
| SIGNAT | URE: SIGNATURE AND TYPED OR PRI | NYED NAME OF SIGNING OFFICER OR | DIRECTOR | 123 | Date | Daytime Phone # | | |