2001 UNIFORM BUSINESS REPORT (UBR)

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NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P99000105014 1. Entity Name COMPANIA MINERA EL EXPLORADOR, INC. 03-14-2001 90499 018 ***150.00 Principal Place of Business Mailing Address 1840 WEST 49TH STREET NO. 222-2 1840 WEST 49TH STREET NO. 222-2 LUUJJJAA HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0965723 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, DIANA Street Address (P.O. Box Number is Not Acceptable) 1840 WEST 49TH STREET NO. 222-2 HIALEAH FL 33012 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MUNOZ, REYNALDO A STREET ADDRESS STREET ADDRESS BARRIO SUYAPA 2-3 CALLE 13 AVE. CITY-ST-7IP CITY-ST-ZIP SAN PEDRO SULA-HONDURAS ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME GONZALEZ, DIANA STREET ADDRESS STREET ADDRESS 6860 SW 35 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MACHADO, JUAN J STREET ADDRESS STREET ADDRESS 1840 W 49 ST. #222-2 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 feceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if