2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # S91671** O. K. INTERNATIONAL TRADING, INC. 04-24-2000 90019 022 ***150.00 Principal Place of Business Mailing Address 300 71ST STREET 300 71ST STREET UTUUUU STE 520 STE 520 MIAMI BCH. FL 33141-3038 MIAMI BCH. FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0299411 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRILOV, ALIM A. Street Address (P.O. Box Number is Not Acceptable) 925 STILLWATER DR. 75 6 4 MIAMI BCH, FL 33141 Zip Code FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 ☐ Delete TITLE. TITLE NAME KRILOV, ALIM A. NAME STREET ADDRESS 925 STILLWATER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL Change Addition ☐ Delete TITLE KRILOV, ALIM A. NAME NAME STREET ADDRESS 925 STILLWATER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL .Change. Addition TITLE ☐ Delete TITLE FARSON, MARK T NAME NAME STREET ADDRESS 955 STILLWATER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL ☐ Change ■ Addition ☐ Defete TITLE TITLE KRILOV, OLGA NAME NAME 925 STILLWATER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Addition TITLE ☐ Delete TITLE NAME NAME

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 chapted or on an attachment with a diaddress, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND PRESON PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

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☐ Addition

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Change

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