FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # \$91671** 1. Entity Name O. K. INTERNATIONAL TRADING, INC. 4-02-2001 90074 017 ***150.00 Principal Place of Business Mailing Address 300 71ST STREET 300 71ST STREET STE 520 STF 520 MIAMI BCH. FL 33141 MIAMI BCH. FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0299411 Not Applicable Country Zip Country \$8.75 Additional 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. MIAMI BCH, FL 33141 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 Signature, typed or printed name of registered agent and title it 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, 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 11. OFFICERS AND DIRECTORS 12. SR2E034 (10/00) TITLE ☐ Delete TITLE Change KRILOV, ALIM A. NAME STREET ADDRESS 925 STILLWATER DR. STREET ADDRESS CITY-ST-ZIP MIAMI BCH. FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KRILOV, ALIM A. NAME STREET ADDRESS 925 STILLWATER DR. STREET ADDRESS CITY-ST-ZIP MIAMI BCH. FL CITY-ST-ZIP TITLE Delete -TITLE ☐ Change ☐ Addition FARSON, MARK T NAME NAME STREET ADDRESS 955 STILLWATER DR STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition KRILOV, OLGA NAME NAME STREET ADDRESS 925 STILLWATER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR