2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # **P92000004523** 1. Entity Name CORPAC STEEL PRODUCTS CORP. 01-21-2000 90124 045 ***158.75 Mailing Address Principal Place of Business 20801 BISCAYNE BLVD 20801 BISCAYNE BLVD SUITE 203 SUITE 203 AVENTURA FL 33180 **AVENTURA FL 33180-1422** 5406 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0369689 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RONES, VICTOR K -Street Address (P.O. Box Number is Not Acceptable) 16105 NE 18TH AVE N MIAMI-BEACH FL 33162 Zip Code City FI 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Addition TITLE WOLDENBERG, JORGE WOLDENBERG, JORGE NAME NAME 20801 BISCAUNE BUYD #302 STREET ADDRESS STREET ADDRESS 20801 BISCAYNE BLVD #402 AVENTURA 33180 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33180** Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 inclicated on this report of supplied executed 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 jec piver or tyster employered 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 a lactorest, with all other like employered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GOTUNE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

01/06/2000

(305)933-854)

Daytime Phone #