2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am DOCUMENT # P00000090637 Secretary of State 1. Entity Name **NEW SUNS CORPORATION** 05-03-2001 90048 011 ***150.00 Mailing Address Principal Place of Business C/O ROTH ROUSSO & BENJAMIN PA C/O ROTH ROUSSO & BENJAMIN PA 9350 SOUTH DIXIE HWY PH 2 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business aux douces 40 4 140 HDU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 2902 Not Applicable \$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 ROTH, LEONARDO A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ROTH ROUSSO & BENJAMIN PA 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156 tity substits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITI F PRADELLA, EDUARDO LUIS NAME NAME UCEANIA 1595 - 1607 VILLA ADELINA STREET ADDRESS STREET ADDRESS UCRANIA 1595 1640 VILLA ADELINA CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES ARGENTINA** Change ☐ Delete TITLE TITLE DE PRADELLA, MARIA TERESA L NAME DE PRADELLA MARIA TERESA NAME UCRANIA 1595 - 1607 VILLA ABELINA UCRANIA 1595 1640 VILLA ADELINA STREET ADDRESS STREET ADDRESS AUTUGOS 4 RES - ARGENTINA CITY-ST-ZIP CITY-ST-ZIP **BUENOS AIRES ARGENTINA** Change TITLE : ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIE Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information sypplied 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 of 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.

PERESA DE PRADELLA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR