2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2003 8:00 am Secretary of State DOCUMENT # 01-27-2003 90376 029 ***150.00 EVERGLADES STEEL CORPORATION Principal Place of Business Mailing Address 5901 NW 74 AVE PO BOX 667510 . MIAMI FL 33152 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1547653 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required ² 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, EDUARDO JOSE J Street Address (P.O. Box Number is Not Acceptable) 5901 NW 74TH AVE MIAMI FL 33166 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE GARCIA, AND 5005 SW 87 AVE. GOMEZ, ORLANDO NAME NAME 1222 CORAL WAY STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33165 TITLE ☐ Delete TITLE Change Addition NAME GARCIA. EDUARDO NAME 5005 S.W. 87TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE Delete TITLE. - Change --- - Addition ORLANDO, GARCIA NAME NAME 8501 SW 72 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment duardo sarcia

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP