FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 406507** GENERAL TRADING, INC. 02-28-2001 90004 030 ***150.00 Principal Place of Business Mailing Address 1581 BRICKELL AVE 1581 BRICKELL AVE **APT 301 APT 301** MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1418642 Not Applicable Zip 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 BAEZA JOSE M. Street Address (P.O. Box Number is Not Acceptable) 1581 BRICKELL AVE **APT 301** MIAMI FL 33129 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** TITLE ☐ Delete TITLE Change ☐ Addition BAEZA, JOSE M NAME NAME STREET ADDRESS 1581 BRICKELL AVE #301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition. TITLE ے 🗖 Delete 🚚 🚐 TITLE ___Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change □ Addition STREET ADDRESS STREET ADDRESS 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

SIGNATURE JOSE M. BAEZA

SIGNATURE AND TYPED OR PRINTED NAME OF STRING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

02/22/01

(305) 859-2163

Daytime Pf

Daytime Phone #