2000 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2000 08:00 AM DOCUMENT # 651367 1. Entity Name **Secretary of State** VALDEX-PORT CORPORATION Principal Place of Business Mailing Address 2343 CORAL WAY P O BOX 451838 MIAMI FL MIAMI FL 33145 33145 US 2. Principal Place of Business 3. Mailing Address 1210 COUNTRY CLUB PRADO P O BOX 451838 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CORAL GABLES FL MIAMI FL 59-2009972 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES, JOSE ROBERTO 1210 COUNTRY CLUB PRADO Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES \mathbf{FL} 33134 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. 04/30/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SDDelete TITLE ☐ Change ☐ Addition VALDES JOSE NAME STREET ADDRESS 1210 COUNTRY CLUB PRADO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES 33134 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME VALDES, JOSE, R VALDES, JOSE, R STREET ADDRESS 41210 COUNTRY CLUB PRADO STREET ACCRESS 1210 COUNTRY CLUB PRADO CITY-ST-ZIF CORAL GABLES FI. 33134 CITY-ST-718 CORAL GABLES FT. 33134 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME VALDES PEREZ, ILEANA J. NAME STREET ADDRESS 1210 COUNTRY CLUB PRADO STREET ADDRESS CITY-ST-ZIP CORAL GABLES 33134 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CICALATURE. HEANA IVAIDES DEDEZ

D/D 04/30/2

FILED