FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am Secretary of State DOCUMENT # F0000002967 VALOR INTERNATIONAL GROUP INC. 02-13-2001 90050 011 ***150.00 Principal Place of Business Mailing Address 3107 AVENUE DES HOTELS 2310 ARCH CREEK DRIVE STE -FOY NORTH MIAMI FL 33181 QUEBEC CANADA G1W4W5 2. Principal Place of Business 3. Mailing Address 2310 Arch Creek Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State North Miami, City & State 4. FEI Number Applied For 65-1003333 Not Applicable Zip 33181 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 LEUNG, THERESA K Street Address (P.O. Box Number is Not Acceptable) 2310 ARCH CREEK DRIVE NORTH MIAMI FL 33181 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition XX Change VAGHON, DANIEL NAME NAME VACHON, DANIEL STREET ADDRESS 995 GERARD MIRISSET #608 STREET ADDRESS CITY-ST-ZIP QUEBEC CANADA CITY-ST-ZIP XX Change TITLE ☐ Delete TITLE ☐ Addition NAME LORTIE, JEAN NAME STREET ADDRESS 2745 JEANNE D'ARC #18 STREET ADDRESS 1645 De Maisoneuve 0,# 1708 CITY-ST-ZIP MONTREAL QUEBEC CANADA CITY-ST-7IP Montreal, Quebec Canada TITLE ☐ Delete TITLE Change ☐ Addition NAME LEUNG, THERESA K NAME STREET ADDRESS 2310 ARCH CREEK DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.