2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 29, 2001 8:00 am Secretary of State DOCUMENT # F0000005132 MEXSSUB INTERNATIONAL INC. 03-29-2001 90395 026 ***150.00 Principal Place of Business Mailing Address 1001 WEST LOOP SOUTH, SUITE 100-139 1001 WEST LOOP SOUTH, SUITE 100-139 HOUSTON TX 77027 . HOUSTON TX 77027 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 76-0525767 Not Applicable Zip Zip Country 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 CAPITOL CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVALL STREET TALLAHASSEE FL 32303 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition SILVA LOPEZ, JOSE DE JESUS F NAME NAME STREET ADDRESS 1001 WEST LOOP SOUTH, SUITE 100-139 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** ☐ Addition ☐ Delete TITLE TITLE CAJIGA YAMIN, JOSE ANTONIO A NAME NAME CAJIGA YAMIN, JOSE, ANTONIO A BOS. DE CIRUELOS 160-803 STREET ADDRESS STREET ADDRESS 210 KNOLLWOOD DRIVE CITY-ST-7IP MEXICO, D.F., MEXICO CITY-ST-ZIP KEY BIZCAYNE, FL 33149 Change-TITLE - □ Delete TITLE - ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE 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 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.

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(713)964-6874