FILED

~2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # F10078 1. Entity Name 04-24-2002 90263 002 ***150.00 TREX INTERNATIONAL, INC. Mailing Address Principal Place of Business 3221 SW 1000 AVE. 3221 SW 1000 AVE. MIAMI FL 33165 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address 100 Are 3221 SW 3221 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number MIAMI 59-2210448 miam Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33165 33165 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRER, LOURDES T Street Address (P.O. Box Number is Not Acceptable) 3221 SW 100 AVE. . . **MIAMI FL 33165** City Zip Code FL i 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, 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, 2002 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. ☐ Addition ☐ Channe TITLE Delete TITLE n NAME NAME FERRER, LOURDES T STREET ADDRESS STREET ADDRESS 3221 SW 100 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Delete TITLE Change ☐ Addition NAME NAME FERRER, EMILIO STREET ADDRESS STREET ADDRESS 3221 SW 100 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERRER, LOURDES E STREET ADDRESS STREET ADDRESS 3221 SW 100 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE 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.

even President - april 12, 2002