2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F48885 1. Entity Name EXPOMAR TRADING CORPORATION 04-23-2001 90127 032 ***158.75 Mailing Address Principal Place of Business 8290 NW 27 ST 8290 NW 27 ST STE 603 **STE 603** MIAMI FL 33122 MIAMI FL 33122 US US 3. Mailing Address 2. Principal Place of Business 9415 Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2196481 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3<u>3</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MESA, MANUEL A Street Address (P.O. Box Number is Not Acceptable) MESA, RODRIGUEZ & MACHADO, PA 1000 BRICKELL AVE, SUITE 660 MIAMI FL 33131-3014 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PDT Change TIT! F ☐ Delete TITLE MOLINA, NESTOR NAME NAME 10526 S.W.89 PL STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition VDS TITLE ☐ Delete TITLE MOLINA, MARTA NAME NAME 10520 O.W.09 PL SINCEL ADDRES CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change ☐ Addition TITLE ☐ Delete MARTINEZ.ORLANDO F. NAME NAME STREET ADDRESS 13700 S.W.62 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE TITLE 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/01 419-1981

CR2E034 (10/00)