2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9700001951 Apr 04, 2000 8:00 am Secretary of State PAPSI-PROCESS & PACKAGING SYSTEMS INTERNATIONAL 04-04-2000 90003 012 ***150.00 Principal Place of Business Mailing Address 265 EAGLE ESTATES CT 265 EAGLE ESTATES CT DEBARY FL 32713 DEBARY FL 32713-2265 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3179433 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7.-Name and Address of New Registered Agent Name AGUTO, REMEDIOS G Street Address (P.O. Box Number is Not Acceptable) 265 EAGLE ESTATES CT DEBARY FL 32713 Zip Code FL 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change Delete TITLE TITLE AGUTO, ANTONIO A NAME 265 EAGLE ESTATES CT STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 Change ☐ Addition ☐ Delete TITLE TITLE AGUTO, REMEDIOS G NAME 265 EAGLE ESTATES CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP -[-] Change - - [-] Addition Delete TITLE TIT! F AGUTO, JOSE A M.D. NAME NAME **5 SPRING GREEN LANE** STREET ADDRESS STREET ADDRESS **COCKEYSVILLE MD 21030** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE AGUTO, FELIX A PE NAME NAME 108 BUNGA ST, AYALA ALABANG, MUNITINLUPA STREET ADDRESS STREET ADDRESS METRO MANILA, PHILIPPINES 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

407-668-5783

Daytime Phone #