2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # F9800000523 1. Entity Name TRADE WIND ENTERPRISES LTD., INC. 05-05-2000 90084 048 ***150.00 Mailing Address Principal Place of Business 2125 BISCAYNE BLVD 800 SE 3RD AVE FT LAUDERDALE FL 33316-1152 MIAMI FL-83137 3. Mailing Address 2. Principal Place of Business 860 S.E. 300 Ave, DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 301 Applied For City & State 4. FEI Number City & State 11-3240410 Ft. Landerdale, FL Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 33316 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LABATE, MARK J Street Address (P.O. Box Number is Not Acceptable) 800 SE 3RD AVE STE 301 FT LAUDERDALE FL 33316 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 (NOTE: Registered Agent signature required when reinstating) 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 Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Change PSTD Delete TITLE ANTONIAZZI, Alberto ANTONIAZZI, ALBERTO NAME 800 SE 3ND AVE, SEC. 301 STREET ADDRESS 2125 BISCAYNE BLVD 570-STREET ADDRESS Ft. Landerdale, FL 33316 MIAMI-FL 39137-5029 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change AS ☐ Delete TITLE LABATE, MARK NAME NAME STREET ADDRESS 800 SE 3RD AVE STE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 **Change** Addition ☐ Delete TITLE TITLE SITA, FABIO SITA Fabio NAME NAME 800 S.E. 3rd Ave., Ste. 301 2105 BISCAYNE BLVD, 570-STREET ADDRESS STREET ADDRESS MIAMI: FL 33137-5029 CITY-ST-ZIP Ft. Land ordale, FL 33316 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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

SIGNATURE: