.2001 UNIFORM BUSINESS REPORT (UBR) POCUMENT # F 9800003430 SIVISION OF CORPORATIONS AMERICAS INC. DESPEC 01 SEP 14 PM 12: 01 Principal Place of Business Mailing Address UGO V. CHIARATO, C.P.A. 220 71ST STREET - SUITE 213 MIAMI BEACH, FL 33141 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UGO V. CHIARATO, C.P.A. 220 71ST STREET - SUITE 213 MIAMI BEACH, FL 33141 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 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 After MAY 1 2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 9 ☐ Change ☐ Addition TITLE TITLE NAME 900004596889----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ****150.00 ****150.00 Addition Change SUSHIL T Delete TITLE TITLE NAME o chema Dr. Fhioteo (L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP P. IKE ☐ Change ☐ Addition TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . ☐ Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST: ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 10, 2001

UGO CHIARATO, CPA 220 71ST ST SUITE 213 MIAMI BEACH, FL 33141

SUBJECT: DESPEC AMERICAS, INC. Ref. Number: F9800003430

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Pursuant to our telephone conversation of August 10, 2001, I am enclosing a blank uniform business report. We will need to receive the completed report and a letter stating the previous notices were not received.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 201A00046125

THIS IS TO CON FIRM THAT PREVIOUS NOTICES WERE NEVER-RECEIVED WITH THIS CHANGE OF ADDRESS IT WILL NOT HAPPEN AGAIN ON