2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State F99206 DOCUMENT # 1. Entity Name 05-19-2002 90247 035 ***150.00 SALEX PRODUCTS, INC. Mailing Address Principal Place of Business 7301 NW 77 ST 7301 NW 77 ST MEDLEY FL 33166 MEDLEY FL 33166 HS US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2219985 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CISNEROS EDWIN S Street Address (P.O. Box Number is Not Acceptable) 7301 NW 77 ST MEDLEY FL 33166 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) , -Signature, typed or printed name of registered agent and title if applicable. 10. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution Added to Fees 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be, Tax filing requirement and elects to do so. After May 1, 2002 Fee Will be \$550.00 Make Check Payable to Department of State "ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/01) 11. Addition Change ☐ Delete TITLE TITLE NAME CISNEROS, EDWIN S. NAME STREET ADDRESS 8701 S.W. 89TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete **VPD** TITLE NAME CISNEROS, EMMA NAME STREET ADDRESS 8701 S.W. 89TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change Delete TITLE, NAME CISNEROS, SALVADOR NAME STREET ADDRESS 5390 SW 76TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CISNEROS, ALEJANDRO NAME NAME STREET ADDRESS 8701 SW 89TH CRT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIF Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ 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 attachmen with an address with a security of the corporation of the corpo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/29/02

(305) 888-1413

FILED