FILED Aug 29, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name 08-29-2001 90010 032 ***150.00 INFOTEK DISTRIBUTORS CORP. Principal Place of Business Ma
1848 OPECHEE Drive
BOCKNUT GROVE F237/33 C0075794 COCON'NT Grave FLORIDA 73/33 3. Mailing Address
/848 opechet DV. 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State COCONUT GROVE 59-224 8075 Not Applicable 33133 Country \$8.75 Additional USA 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAX ALVAREZ 1848 OPECHEE DVIVE COCONUT GROVE, FL 33/33 Street Address (P.O. Box Number is Not Acceptable) Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entit SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.801 Make Check Payable to Department of Sta Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition PRESIDENT ☐ Delete TITLE TITLE MAX ALVAREZ 1848 OPECHEE DV. NAME STREET ADDRESS STREET ADDRESS COCONUT GMVE, FL 33/33 CITY-ST-ZIP CITY-ST-ZIP BP + Secretary Change ☐ Addition TITLE TITLE SARA A. Alvarez NAME NAME 48 o pechee Dvive STREET ADDRESS STREET ADDRESS EL 33/23 CITY-ST-ZIP CHTY-ST-ZIE ☐ Change ☐ Addition TITLE Delete MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition ☐ Defete me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition IIIIF ☐ Delete TIME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with his 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, supplier ental reports true and accurate and that my signature shall have the same legal effect as if made under path; 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:

Monday, August 20, 2001

#G116883 (10075794

UNIFORM BUSINESS REPORT Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: FEI #59-2248075 Infotek Distributors Corp.

Gentlemen:

I am enclosing the report for 2001-2002 and a check for One Hundred Fifty Dollars & 00/100.

Due to sickness in my family, and to a change of Address I lost track of this report and failed to file in time. My son cancer came back after four years and that distracted us to the point of not doing things on time.

I would appreciate it were you to take this in consideration and allow me to forgo the penalty.

Thank you,

Max Alvarez

President

1848 Opechee Drive

Coconut Grove, FL 33133