2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** G80931 May 08, 2000 8:00 am 1. Entity Name Secretary of State 05-08-2000 90007 041 ***150.00 Milder International Corp. Principal Place of Business Mailing Address 2922 N.W. 109th Ave. 2922 N.W. 109th Ave. Miami, FL 33172-5005 Miami, FL 33172-5005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2347241 Not Applicable Country Ζiρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8270 N.W. 10th St. Reyes, Hugo Apt. H-6B 2922 N.W. 109th Ave. City Miami Miami, FL 33126 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 DATE (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 After 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 11. OFFICERS AND DIRECTORS 12. X Change Addition D/P/S/T D/P TITLE Delete TITLE NAME NAME Reyes, Hugo STREET ADORESS 8270 N.W. 10th St., Apt. H-6B STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Miami<u>,</u> FL 331<u>26</u> X Delete Change Addition D/S/T TITLE TITLE NAME NAME Reyes, Milda A. STREET ADDRESS STREET ADDRESS 8270 N.W. 10th St., Apt. H-6B CITY - ST - ZIP CITY - ST - ZIP Change Addition Detete TITLE TITLE NAME NAME 7 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition TITLE Delete Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE 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 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 changes, or on an attachment with an address, with all other like empowered. 305-477-5256 Hugo Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

Date

Daytime Phone #