2000 UNIFORM BUSINESS REPORT (UBR)

May 17, 2000 8:00 am Secretary of State DOCUMENT # 999425 INTERNATIONAL STEEL + TRADING, INC. 05-17-2000 90951 041 ***150.00 Principal Place of Business Mailing Address 10255 S.W. & TERRACE 10255 S.W. & TERR MIAMI, FL 33174 MIAMI, FL 33174 100885 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRAdu, LUCIA H. 10265 SW. 8 TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33174 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME & TERRACE STREET ADORESS STREET ADDRESS FL 33174 CITY - ST - ZIP CITY - ST - 7!P TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete... TITLE -TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 7/P TITLE Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS 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

4-29-00

305-4467773

Davtime Phone #

in Block 11 or Block 12 if changed or on an attachment with all address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATURE:

FILED