2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 30, 2001 8:00 am Secretary of State **DOCUMENT # J48665** 1. Entity Name GUAIRE, INC. 03-30-2001 90325 006 ***150.00 Mailing Address Principal Place of Business 9260 SW 72NS ST 9260 SW 72NS ST **STE 206** STE 206 MIAMI FL 33173 MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2756614 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee, Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHULTZ, STEVEN A. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST **SUITE 2800 MIAMI FL 33131** Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE SISO, CARLOS P. NAME NAME STREET ADDRESS STREET ADDRESS APARTADO 2320 CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA ☐ Delete TITLE Change ☐ Addition TITLE DE SISO, PILAR C. NAME NAME STREET ADDRESS STREET ADDRESS APARTADO 2320 CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA ☐ Change Addition TITLE ☐ Delete TITLE DE ZULOAGA, ANABELLA S. NAME NAME STREET ADDRESS STREET ADDRESS APARTADO 2320 CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCHULTZ, STEVEN A. NAME STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD, SUITE 3150 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 eport 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 disposered 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.

Date

Daytime Phone #