11/05 '00 JEU 12:41 FAX +4122 818 49 80

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90434 001 ***550.00

DOCUMENT # K21865

1. Entity Name

COMTRAD, INC.

Principal Place of Business	Mailing Address
:000 N.W. 84TH AVENUE MIAMI FL 33122 US	201 S. BISCAYNE BLVD 1500 MIAMI CENTER MIAMI FL 33131-4332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
333 Arthur Godfrey Rd.	
Suite, Apt #, etc.: 6th Floor	Suite, Apt #, etc.
City & State: Miami Beach, FL	City & State
Zip: 33140 — Country: USA	Zip — Country

4. FEI Number: 65-0051177 ☐ Applied for ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OSORIO, CLAUDIO 15 WEST STAR ISLAND DRIVE MIAMI BEACH FL 33139	☒ Delete	P/S Alexis Lope-Bello Av. El Bosque, Ed. Villa Provenza La Florida Caracas, Venezuela	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOCCALANDRO, ANTONIO 8200 LOS PINOS BOULEVARD CORLA GABLES FL 33143	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Alexis Lope-Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR