

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K24809

1. Corporation Name

-Mactrading, inc

IHOLDINGS. COM, INC.

Principal Place of Business Mailing Address 9032 N W 12TH STREET 9032 N W 12TH STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33172 MIAMI FL 33172 3. Date Incorporated or Qualifed US 05/24/1988 Applied For Mailing Address 4. FEI Number Principal Place of Business 2a. Not Applicable 65-0058157 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation owes the current year Intangible Zip Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WASSERSTROM, BARRY 82 Street Address (P.O. Box Number is Not Acceptable) 5801 BISCAYNE BLVD **MIAMI FL 33137** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition □ DELETE 1.1 TITLE Change TITLE CARLOS FERNONDEZ DIAZ, FABIAN 1.2 NAME NAME 9032 NW 12# st 1533 SUNSET DR 1.3 STREET ADDRESS STREET ADORESS MIAMI #L 33172 CORAL GABLES FI 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE RICHARD BARDN 2.2 NAME NAME 11077 BISCAYNE Blud suite 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-St-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

□ DELETE

☐ DELETE

Change

☐ Change

☐ Addition

Addition

FILED May 04, 1999 8:00 am

Secretary of State

05-04-1999 90154 039 ***158.75

CR2E034 (11/98)