FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1-2

CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 APR 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001789234

DO NOT WRITE IN THIS SPACE

DOCUMENT #234215

1. Corporation Name

Claudinvest International Inc.

Principal Place of Business — Mailing Address

Ave.Francisco de Miranda
Torre Europa,PH, Caracas,Ven.

200 S.Biscayne Blvd
Miami, FL 33131

3. Date Incorporated or Qualified: 9-26-88

3a. Date of Last Report: 3-22-95

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — Country — 25

Zip — 29 — Country — 30

4. FEI Number: 65-0197611 — Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Corporation Information Services,Inc.(CIS)
12101 Hays Street
Tallahassee, FL 32301 (corrected)

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

83

84 City: Tallahassee FL — 85 Zip Code: 32301

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.

SIGNATURE: Karen B. Rozar — April 22, 1996 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Director, Franklin Hoet Ave.F.de Miranda,Torre Europa PH Caracas, Venezuela
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Director, Claudia Hoet (same as above)
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY - ST - ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY - ST - ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY - ST - ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY - ST - ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY - ST - ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY - ST - ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: 4-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SW1160 1.000

2-2

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

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96 APR 22 AM 11:38
DIVISION OF CORPORATION

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 926083 128151A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

ORDER DATE : April 22, 1996

ORDER TIME : 9:44 AM

ORDER NO. : 926083

CUSTOMER NO: 128151A

CUSTOMER: Mr. Ariel Bentata
Bentata Hoet & Associates,
Suite 4810
200 South Biscayne Boulevard
Miami, FL 33131-2396

ANNUAL REPORT FILING

NAME: CLAUDINVEST INTERNATIONAL INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS: _____