FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # K52841** CONTADINA, INC. 01-19-2000 90045 001 ***600.00 Principal Place of Business Mailing Address 7700 NW 73RD COURT 7700 NW 73RD COURT C/O VARCO, INC. C/O VARCO, INC. MAR 113 MEDLEY FL 33166 MEDLEY FL 33166-2202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1053339 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACAU, GASTON Street Address (P.O. Box Number is Not Acceptable) 7700 NW 73RD COURT C/O VARCO, INC. MEDLEY FL 33166 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE.NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Delete TITLE Change ☐ Addition VALDES, IDA NAME NAME 7700 NW 73RD COURT STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP MEDLEY FL 33166 VPD TITLE ☐ Change ☐ Addition ☐ Delete TITLE MACAU, GASTON A NAME NAME STREET ADDRESS STREET ADDRESS 7700 NW 73RD COURT CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 ☐ Change ☐ Addition TITLE TITLE ☐ Delete SANCHEZ, GUILLERMO NAME NAME STREET ADDRESS 7700 NW 73RD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TITLE Change ☐ Addition TITLE □ Delete

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

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-7IP

CR2E034 (9/99