2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # K87938 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name INTER-AMERICAN TRADE ASSOCIATES, INC. 04-12-2000 90074 017 ***150.00 Principal Place of Business Mailing Address C/O LOUIS C. ANDERSON C/O LOUIS C. ANDERSON 111 N.E. 47TH COURT 111 N.E. 47TH COURT FT LAUDERALE FL 33334-1557 FT LUADERDALE FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0122017 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, LOUIS C. Street Address (P.O. Box Number is Not Acceptable) 224 COMMERCIAL BLVD. SUITE 317 LAUDERDALE-BY-THE-SEA FL 33308 Zip Code City 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 (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 9. 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 П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ■ Addition Change TITLE ☐ Delete NAME GONZALEZ-DOLDAN, EUSEBIO STREET ADDRESS STREET ADDRESS 111 NE 47TH COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME GONZALEZ-DOLDAN, JUDITH NAME STREET ADDRESS STREET ADDRESS 111 NE 47TH COURT CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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.

FILED