DOCUMENT # L0000015971  1. Entity Name PALLETWORLD, LC					Secretary of State 05-01-2002 91462 038 ****50.00			
Principal Place 848 BRICKELL MIAMI FL 3313	AVE., STE, 601	Mailing Address 848 BRICKELL AVE., STE. 60 MIAMI FL 33131	8 BRICKELL AVE., STE. 601		945935  DO NOT WRITE IN THIS SPACE			
2200 So	ace of Business uth Dixie Highway #, etc. Suite 603	3. Mailing Address  2200 South Dixie Highway  Suite, Apt. #, etc. Suite 603		<u>,                                     </u>				
City & State	Miami,Florida	City & State Miami, Florida		4. FEIN	4. FEI Number 65-1062879 Applied For Not Applicable			
Zip <b>331</b> 3	33 Country U.S.A	<sup>Zip</sup> 33133	Country U.S.	A 5. Certif	ficate of Status Desired	\$5.00 Add Fee Require		
343	EGEL & UTRERA, P.A. ALMERIA AVENUE RAL GABLES FL 33134	Valcorp Securities Inc.  Street Address (P.O. Box Number is Not Acceptable)  2200 South Dixie Highway, Suite 603  City Miami FL Zip Code 33133						
8. The above	named entity submits this statement for South Signature, typed or printed name of registered agent	Juan Santael and little if applicable (NOTE:  FILE NO Make Check Pay	la, Presid Registered Agent signat W!!! FEE IS \$	ent ure required when reinstati 50.00 ment of State	April 19,200	2 TE		
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHAN	GES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTAELLA, JUAN 848 BRICKELL AVE., STE. 601 MIAMI FL 33131	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Santaella 2200 Sout Miami, FL.	h Dixie Highway,S	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEGRON, PEDRO 848 BRICKELL AVE., STE. 601 MIAMI FL 33131	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managér Negron, P	edro h Dixie Highway,S	□ Change Suite 603	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	m 2 € 12		Change	- Addition	
TITLE  NAME;  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME	<u> </u>	☐ Delete	TITLE NAME			☐ Change	Addition	

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

April 19,2002

305 3770757

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

<sup>11.</sup> 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Juan Santaella