

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2000 08:00 AM  
Secretary of State****DOCUMENT # L70298****1. Entity Name**  
ARCO INTERNATIONAL, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1001 BRICKELL BAY DR	1001 BRICKELL BAY DR
SUITE 2702	SUITE 2702
MIAMI FL	MIAMI FL
331314940 US	331314940 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1201 BRICKELL AVENUE	1201 BRICKELL AVENUE

<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>
SUITE 220	SUITE 220

<b>City &amp; State</b>	<b>City &amp; State</b>
MIAMI FL	MIAMI FL

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
331313207	US	331313207	US

<b>4. FEI Number</b>	<b>Applied For</b>
65-0193365	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

WAYNE GEOFFREY M.P.A.  
1001 BRICKELL BAY DRIVE  
SUITE 2702  
MIAMI FL  
331314940 US

**7. Name and Address of New Registered Agent**

Name  
WAYNE GEOFFREY M.P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1201 BRICKELL AVENUE  
SUITE 220  
City  
MIAMI FL Zip Code  
331313207

**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.**

<b>SIGNATURE</b>	<b>02/15/2000</b>
Signature, typed or printed name of registered agent and title if applicable	DATE

(NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	POCASANGRE ARNOLDO	
<b>STREET ADDRESS</b>	1001 BRICKELL BAY DRIVE SUITE 2702	
<b>CITY-ST-ZIP</b>	MIAMI FL 331314940	

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	CARTAGENA GUSTAVO	
<b>STREET ADDRESS</b>	1001 BRICKELL BAY DRIVE SUITE 2702	
<b>CITY-ST-ZIP</b>	MIAMI FL 331314940	

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	POCASANGRE ARNOLDO	
<b>STREET ADDRESS</b>	1001 BRICKELL AVENUE SUITE 220	
<b>CITY-ST-ZIP</b>	MIAMI FL 331313207	

<b>TITLE</b>	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CARTAGENA GUSTAVO	
<b>STREET ADDRESS</b>	1201 BRICKELL AVENUE SUITE 220	
<b>CITY-ST-ZIP</b>	MIAMI FL 331313207	

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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.**

**SIGNATURE** GUSTAVO CARTAGENA**DATE** 02/15/2000