2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

FILED DOCUMENT # L97100 May 02, 2000 8:00 am 1. Entity Name Secretary of State SHOP TOUR INTERNATIONAL CORPORATION 05-02-2000 90159 034 ***150.00 Principal Place of Business Mailing Address C/O JCD. 201 S. BISCAYNE BLVD. C/O JCD. 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER 1600 MIAMI CENTER MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0269757 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD 1600 MIAMI CENTER **MIAMI FL 33131** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change PD Addition TITI F TITLE ☐ Delete PDS GALEBE, LUZ ANTONIO NAME NAME GALEBE, LUIZ ANTONIO STREET ADDRESS C/O JCD, 201 S. BISCAYNE BLVD. STREET ADDRESS c/o JCD. 201/S. BISCAYNE BLVD., STE. 1400 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** MIANI, FL. 33131 ☐ Addition XX Delete ☐ Change TITLE TITLE RODRIGUES DOS SANTOS, MARIA NAME STREET ADDRESS C/O JCD, 201 S. BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 Change Addition XX Delete TITLE **DIBBS. JEAN-CHARLES** NAME STREET ADDRESS STREET ADDRESS 201 S BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITI F 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 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ther like empowered.

SIGNING OFFICER OR DIRECTOR

4-19-00 305-379-9192