FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # L9900001357 05-12-2002 90597 039 ****55.00 DE ORO INTERNATIONAL, L.L.C. Principal Place of Business Mailing Address 9792 GRANDE VERDE WAY, SUITE 501 2121 PONCE DE LEON BLVD., SUITE #721 **BOCA RATON FL 33428** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 291 S.E. "" " " (" []] Surre, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE MASB City & State City & State 4. FEI Number Applied For 65-0902630 BOCA RATON Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 11.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBERT VEGA CUEVAS, ANDREW ESQ Street Address (P.O.:Box Number is Not Acceptable C/O:CUEVAS*&:RUBIN; P.A; 9200 S. DADELAND BLVD., SUITE 603 **MIAMI FL 33156** CORAL GA BLES 8. The above named entity submits this staten pose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURI (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MG RM ☐ Delete TITLE Change : ☐ Addition AMAYA, RICARDO O AMAYA, RICARDO O NAME NAME 291 S.E. MIZNER BLUD. SUITE 45B STREET ADDRESS 2121 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOXA RATON, FL. 3313.4 CORAL GABLES FL 33134 ORDONEZ, SULIO CESAR Change MGRM ☐ Delete TITI F NAME ORDONEZ, JULIO CESAR NAME 291 S.E. MIZNER BLYD. SVITE 458 STREET ADDRESS 2121 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP BOCA RADON, FL. 33432 CORAL GABLES FL 33134 **MGRM** MERM TITLE ☐ Delete TITLE ☐ Addition JEREZEZ, RICARDO O JEREZEZ, RICARDO O NAME NAME 291 S.E. MIZNER BUD SUITE 45B STREET ADDRESS 2121 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP BOCA RATON, PL. ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition

11. 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

JULIO CESAR ORDONEZ J. SIGNATURE: SIGNATURE AND TYPED PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

Davtime Phone 4

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