2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State M39687 DOCUMENT # CORAL DYESTUFFS & CHEMICALS CORP. 03-22-2002 90023 012 ***158.75 Mailing Address Principal Place of Business 745 SW 35TH AVE 745 SW 35TH AVE 000300-STE 203 STE 203 MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2724313 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORRIZ, DOMINGO Street Address (P.O. Box Number is Not Acceptable) 745 SW 35TH AVE **STE 203** 'MIAMI FL 33135 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) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Delete TITLE RAMIREZ, CARLOS J NAME NAME CALLE 12A #4470 STREET ADDRESS STREET ADDRESS BOGOTA, COLOMBIA CITY-ST-ZIP CITY-ST-ZIP, ☐ Change ☐ Addition ☐ Delete TITLE TITLE RAMIREZ, CARLOS J JR NAME NAME STREET ADDRESS STREET ADDRESS CALLE 12A #4470 CITY-ST-7IP CITY-ST-ZIP **BOGOTA, COLOMBIA** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DITLE NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS , die. 5 31 1 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE -Delete TITLE ☐ Change NAME . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 others.

SIGNATURE:

TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

ARCOS JULIO LAMIREZ

FILED

Daytime Phone #