manist IESS REPORT (UBR) 2000 UNIFORM BUSIN ر سرچ DOCUMENT # M 99000000116 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CODINA TRADEPORT, LLC 00 JUL 11 AM 9: 25 Principal Place of Business Mailing Address 2 ALHAMBRA PLAZA, PH #2 CORAL GABLES, FL. 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0888579 Not Applicable Zip Zip 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 BEFELER, HERRY 2 ALHAMBRA PLAZA PH#2 -Street-Address (P.O. Box Number is Not Acceptable):--CORAL GABLES, FL. 33/34 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS MGRM TITI F ☐ Delete TITLE BEFELER, HENRY 2 ALHAMBAA PLAZA PH #2 CODINA, ARMANDO 2 ALHAMBRA DLAZA PH#2 CORAL GABLES, FL. 33146 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GASLES FL. 33134 ☐ Delete NAME NAME COBB, KOLLEEN ALHAMBRA PLAZA, PH#2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORAL GABLES, FL. 33134 TITLE" \*\*\*\* Delete \_\_\_ Addition\_ \_\_\_ Addition\_ TITLE **800003328738--6** -07/19/00--01119--015 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*\*61.25 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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: