2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 23, 2003 8:00 am **Secretary of State** DOCUMENT # N00000007755 01-23-2003 90206 037 ****61.25 BITWAY INTERNATIONAL, INC. Principal Place of Business Mailing Address 10550 NW 77TH COURT 2ND FLOOR 11996 GLENMORE DRIVE HIALEAH GARDENS FL 33016 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 10650 NW 77th Court Same Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite Applied For City & State City & State 4. FEI Number 65-1057281 Not Applicable Hia leah 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 NUNEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 11996 GLENMORE DRIVE CORAL SPRINGS FL 33071 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change ☐ Addition MORENO, IVAN D NAME NAME 4312 LAUREL RIDGE CIRCLE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP Dèlete ☐ Change TITLE TITLE ☐ Addition Herman Pemberthy 2562 w 60th Pl VILLALBA, JULIETTE M NAME NAME CALLE 2F SUR #60-10 CARVAJAL STREET ADDRESS STREET ADDRESS BOGOTA, COLUMBIA, CITY-ST-ZIP CITY_ST-ZIP Delete Delete TITLE TITLE 10550 NW 3 DALAUOS, NESTOR R NAME NAME CALLE 2F SUR#60-10 CARVAJAL STREET ADDRESS STREET ADDRESS BOGOTA, COLUMBIA Hialeah Gardens, Fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Pemberthy 1-

FILED