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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09-16-2002 90144 002 ****61.25
09-16-2002 90144 001 *****8.75
N01000004966

DOCUMENT # N01000004966

02 OCT 23 AM 8:01

1. Entity Name
CONVIDA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1525 S.W. 31 Ave.
Suite, Apt. #, etc.

City & State: Miami Fla.
Zip: 33145 Country: Dade

3. Mailing Address
P.O. Box 141824
Suite, Apt. #, etc.

City & State: Coral Gables Fla.
Zip: 33134 Country: Dade

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4. FEI Number — Applied For / Not Applicable (X)

5. Certificate of Status Desired (X) $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Gustavo Astudillo
Street Address (P.O. Box Number is Not Acceptable): 2884 S.W. 18 St.
City: Miami - Fla. FL Zip Code: 33135

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: -president- Gustavo Astudillo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - D
NAME	MERCEDES VALVERDE
STREET ADDRESS	1525 S.W. 31 Ave.
CITY-ST-ZIP	Miami - Fla. 33145
TITLE	Vice-President - D
NAME	Paola Gutierrez M.
STREET ADDRESS	785 Grandon Blvd. #506
CITY-ST-ZIP	Key Biscayne Fla. 33149
TITLE	Marta Alvarez Sec. - D
NAME	
STREET ADDRESS	14662 S.W. 48 St.
CITY-ST-ZIP	Miami, Fla.
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mercedes Valverde — Date: 10/23/02 — Daytime Phone #

CR2E037B (12/01)