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

Apr 25, 2003 8:00 am § Secretary of State DOCUMENT # N98000005285 04-25-2003 90213 009 ****70.00 1. Entity Name GAPI INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 11015642 7027 WEST BROWARD BLVD 7027 WEST BROWARD BLVD #301 #301 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0859689 Applied For City & State City & State Not Applicable Zip Country 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. LAMAR, LUIS Street Address (P.O. Box Number is Not Acceptable) 4360 NW 3RD PLACE PLANTATION FL 33317 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 Signature, typed 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 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition Change ☐ Delete TITLE TITLE LAMAR, LUIS NAME NAME STREET ADDRESS 4360 NW 3RD PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33317 VALQUEZ GILBERT Change Addition Addition TITLE Delete TITLE VAZQUEZ, GILBERT NAME 10550 NW 77 COURT #214 DIVP HIALEAH GARDENS FI STREET ADDRESS 10550 NW 77 COURT #214 STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL-33016 CITY-ST-ZIP 33016 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MITRA, SINGH B NAME NAME STREET ADDRESS 7027 W BROWARD BLVD STE 214 STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-ZIP POVP ☐ Delete Change ☐ Addition TITLE TITLE LAMAR, LUIS NAME NAME STREET ADDRESS 4360 NW 3RD PLACE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all of er like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

LAMAR DIRECTURIP 4-20-03

FILED