Apr.20. 2001 10:56AM

5/14

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Secretary of State
05-14-2001 90215 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000005470

1. Entity Name
MISTRAL INTERNATIONAL CORP.

Principal Place of Business
1390 S. DIXIE HIGHWAY
SUITE 1302
CORAL GABLES, FL 33146-2944

Mailing Address
SAME

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0983476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREEMAN, BUTTERMAN, HABER + ROJAS, LLP
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: LUIS C. VARELA
Street Address (P.O. Box Number Is Not Acceptable): 1390 S. DIXIE HIGHWAY, SUITE 1302
City: CORAL GABLES FL Zip Code: 33146-2944

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: Luis C. Varela 6/4/01
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUIS C. VARELA 789 CRANDON BLVD, #606 KEY BISCAYNE, FL 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Luis C. Varela LUIS C. VARELA (305) 661-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #