MAY-17-2002 16:26 FROM:STEVEN H NATURMAN PA TO:3056691073 P.002/002

CORRECTED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 AUG 27 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/30/02--01058--018
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000004423

1. Entity Name: ARMATUR, INC.

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2. Principal Place of Business: 4836 SW 74th Court	3. Mailing Address: 4831 SW 74th St
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: MIAMI FL
Zip: 33155 Country:	Zip: 33155 Country:

4. FEI Number: 65-0976626 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Zvonimir Belfranin
Street Address (P.O. Box Number is Not Acceptable): 3405 Banos Ct
City: Coral Gables FL Zip Code: 33134

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 X [signature] 5-17-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	LOURDES BELFRANIN
STREET ADDRESS	3405 Banos Court
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	Vice President
NAME	Zvonimir Belfranin
STREET ADDRESS	3405 Banos Court
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	Vice President
NAME	Angel Berisiartu
STREET ADDRESS	510 Cadina Avenue
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	Secretary
NAME	Piero Trinchero
STREET ADDRESS	7534 SW 77th Court
CITY-ST-ZIP	Miami, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 05/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #