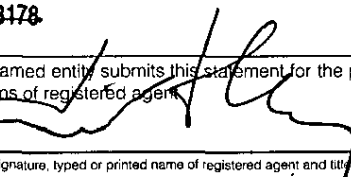


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90169 013 ***150.00

REK/AN

DOCUMENT # P00000010973						Secretary of State		
1. Entity Name DE SOLA TRADING COMPANY INC.				04-07-2003 90169 013 ***150.00				
Principal Place of Business 5590 NW 107TH AVENUE #1109 MIAMI FL 33178 US				Mailing Address 5590 NW 107TH AVENUE #1109 MIAMI FL 33178 US				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DE SOLA, GERARDO A 4630 NW 102ND AVENUE #108 MIAMI FL 33178				Name DE SOLA GERARDO A.				
				Street Address (P.O. Box Number is Not Acceptable) 5590 NW 107TH AVE # 1109				
				City MIAMI				
				FL				
				Zip Code 33178				
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 				FERARDO DE SOLA				04/02/03
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)				DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
P DE SOLA, GERARDO 4630 NW 102ND AVENUE #108 MIAMI FL 33178 ☐ Delete				P DE SOLA GERARDO 5590 NW 107TH AVE # 1109 MIAMI, FL 33178 ☒ Change ☐ Addition				
VP DE SOLA, VILMA H 4360 NW 102ND AVENUE #108 MIAMI FL 33178 ☐ Delete				VP DE SOLA VILMA H 5590 NW 107TH AVE #1109 MIAMI, FL 33178 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
☐ Delete				☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
☐ Delete				☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
☐ Delete				☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
☐ Delete				☐ Change ☐ Addition				

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 607, 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.

SIGNATURE:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x Gesso de Sola 04/02/03 305-2020925

Date _____

Daytime Phone #

CR2E034 (10/02)