2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \

Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # P00000018655** TRADE ZONE DE VENEZUELA, INC. 03-13-2001 90317 014 ***150.00 Mailing Address Principal Place of Business % 8360 WEST FLAGLER STREET % 8360 WEST FLAGLER STREET SUITE 200 Suite 200 MIAMI FL 33144 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number City & State City & State Not Applicable Country \$8.75 Additional Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARAVER, JOSE Street Address (P.O. Box Number is Not Acceptable) % 8360 WEST FLAGLER STREET SUITE 200 MIAM! FL 33144 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE-NOWIII-FEE-IS-\$150.00-9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITI F TITLE MARAVER, JOSE NAME NAME STREET ADDRESS % 8360 WEST FLAGLER STREET SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 PRESIDENT **Addition** ☐ Change ☐ Delete TITLE TITLE BRICENO ELIZABETH NAME NAME 8360 W. FLAGLER STREET ADDRESS STREET ADDRESS 33144 CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete Dilector NAME aga-Maraver STREET ADDRESS EBEO W FLAGER, MIAMI, R 33144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Director □ Delete TITLE NAME RAUL BÉILENO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED