2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P0000040103 1. Entity Name HARVEST INTERNATIONAL CONSULTANTS, INC. 04-02-2001 90310 001 ***150.00 Mailing Address Principal Place of Business 11440 n. Kendall Drive, Suite 206 11440 N. KENDALL DRIVE. SUITE 206 MIAMI FL 33176 MIAMI FL 33176 040474 2. Principal Place of Business 3. Mailing Address 11440 N. Kendall Dr. 11440 N. Kendal(Br. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For -1001328 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Yerez Ir SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 11440 N. Kindall Ar. Svite City 3976 ment for the purpose of changing its registered office or registered agent, of both, in the State of Florida 8. The above named entity submit SIGNATURE Signature, typed or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PSD CR2E034 (10/00) TITLE Delete TITI F ☐ Change Addition YGLESIAS, ARMANDO NAME NAME 11440 N. KENDALL DRIVE, SUITE 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP Addition Change Delete TITLE TITLE PEREZ, REYNALDO J JR. NAME NAME STREET ADDRESS STREET ADDRESS 11440 N. KENDALL DRIVE, SUITE 206 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** TITLE Delete TITLE Change f Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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 of Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR