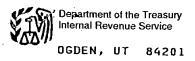
§2062 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2002 8:00 am Secretary of State

305-4450611

DOCUMENT # P00000045421 05-24-2002 91271 006 ***150.00 1. Entity Name NIXMAR INC. Principal Place of Business Mailing Address 93090 901 PONCE DE LEON BLVD., #501 901 PONCE DE LEON BLVD., #501 CORAL GABLES FL 33324 CORAL GABLES FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 65-0140239 City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IRIONDO, ANDRES J Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD., #501 **CORAL GABLES FL 33324** Zip Code 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 Signature, typed or printed name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. \$5:00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD GALVIS, NICEFORO Delete TITLE ☐ Change (9/01 NAME NÁME CALLE 98 15-17, SUITE 703 BOGOTA, COLOMBIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tm e ☐ Delete TITLE ☐ Addition GALVIS, LUZ MARY NAME CALLE 98 15-17, SUITE 703 BOGOTA, COLOMBIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME GALVIS, FERNANDO NAME CALLE 98 15-17, SUITE 703 BOGOTA, COLOMBIA STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition IRIONDO, ANDRES J NAME NAME STREET ADDRESS 901 PONCE DE LEON BLVD, STE 501 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP-TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the property of the receiver of the re



Attachment 93098 Doument # P0000048421

In reply refer to: 0424556117 May 08, 2002 LTR 147C 65-0140239 000000 00 000

00988

NIXMAR INC 901 PONCE DE LEON BLVD 501 CORAL GABLES FL 33134-3073265

Employer Identification Number: 65-0140239
IRS Control Number:

Dear Taxpaver:

Thank you for the inquiry dated Mar. 14, 2002.

Your employer identification number (EIN) is 65-0140239. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ()_____ Hours____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Jolene Thomas Dept. Manager, Code & Edit/Entity 3

Enclosure(s): Copy of this letter