FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am DOCUMENT # P000000 56 9/3 Secretary of State MATRIX TECH & TRADE, INC. 05-19-2001 90280 048 ***150.00 Principal Place of Business 5041 NW 114 COURT 5041 NW 114 COURT A0070502 HIBHI FL 33/78 MIRHI FL 33/78 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREIRA, LUIS LABLOS 5041 NW 114 COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33/78 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) TITLE ☐ Delete me Change ☐ Addition PEREIRA, LUIS CARKOS NAME NAME STREET ADDRESS STREET ADDRESS 5041 NW 114 LOUR. WAMI FL CITY-ST-ZIP CITY-ST-ZIP SIT ACEUEDO, SILVIA VERDAICA 5041 NW 114 COURT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-27P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addltion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR