2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am DOCUMENT # P00000063864 1. Entity Name Secretary of State 05-11-2001 90309 005 ***150.00 Recabal International, Corp. Principal Place of Business Mailing Address 2414 Abby Dr., #208 2414 Abby Dr., #208 Kissimmee, FL 34741 Kissimmee, FL 34741 10062295 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1020577 Not Applicable Zip Country Country Zip \$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 William Gerstein Rafael Eduardo Cabal Correa Street Address (P.O. Box Number is Not Acceptable) 4080 SW 84 Ave. Miami, FL 33155 1300 N Federal Hwy, Suite 203 Zip Code FL Boca Raton 33432 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 William Gerstein, Registered Agent d agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! 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 11. OFFICERS AND DIRECTORS 12. PSTD Addition T!TLE □ Delete TITLE Change Cabal Correa, Rafael Eduardo NAME NAME STREET ADDRESS STREET ADDRESS 2414 Abby Dr., #208 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34741 ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLS Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Rafael Eduardo Cabal Correa, Pres. SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR