200) UNIFORM BUSINESS REPORT (UBR) Mar 21, 2001 8:00 am DOCUMENT # P00000067099 **Secretary of State** 1. Entity Name 03-21-2001 90043 019 ***150.00 ASOCHEM CORP. Principal Place of Business Mailing Address 8024 Tatum Waterway Dr. 8024 Tatum Waterway Dr. Suite 4C Suite 4C Miami Beach, FL. 33141 Miami Beach, FL. 33141 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 65-1028738 Not Applicable Zip Country Zip 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 Mark R. Colodne 9455C Boca Gardens Circle South Street Address (P.O. Box Number is Not Acceptable) 33496-1747 Boca Raton, FL. 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 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, 2000 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. CR2E034 (9/99) ☐ Change ☐ Addition TITLE TITLE ☐ Delete P,D NAME NAME Javier Sanchez STREET ADDRESS STREET ADORESS 8024 Tatum Waterway Drive #4C CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL. 33141 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ■ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trust dempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report er supplemental r of the corporation or the receiver or trust changed, or on an attachment with an adess, with all other like empowered.

SIGNATURE:

SIGNATORE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #