2001 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2001 8:00 am DOCUMENT # P0000067506 **Secretary of State** 1. Entity Name SUKOL SCIENTIFIC INCORPORATED 03-06-2001 90290 042 ***150.00 Principal Place of Business Mailing Address 7314 NW 46TH STREET 7314 NW 46TH STREET MIAMI FL 33166 MIAMI FL 33166 FAD2A1.00 2. Principal Place of Business 20TH AVENUE 760 W. ZD AVENUE DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1043899 Applied For Not Applicable 33016 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRESPALACIOS, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 7314 NW 46TH STREET **MIAMI FL 33166** W. 20TH AVENUE 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F TRESPALACIOS, FRANCISCO NAME 7760 W. 20THAVENUE, BAY 21 7314 NW 46TH STREET STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP HIALEAH, FL. 33016 ☐ Delete TITLE ☐ Addition BERRIOS, ENRIQUE A NAME

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 5901 NW 15AST STREET, #203 STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP MIAMI LAKES FL 33014 Delete . Change ☐ Addition TITLE 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ 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 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: F- Suchalación FRANCISCO TRESPALACIÓS 3/1/01 362-2362