2001 UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 29 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067639

1. Entity Name
AGEMAX CORPORATION

Principal Place of Business	Mailing Address
5445 COLLINS AVENUE, #929 MIAMI BEACH, FL. 33140	5445 COLLINS AVENUE, #929 MIAMI BEACH, FL. 33140

REINSTATEMENT — DO NOT WRITE IN THIS SPACE 02

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2742 BISCAYNE BLVD. Suite, Apt. #, etc.
City & State	City & State: MIAMI, FL.
Zip / Country: USA	Zip: 33137 / Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, ROXANA
5445 COLLINS AVENUE,#929
MIAMI BEACH, FL.33140

7. Name and Address of New Registered Agent

Name: VENTURA, RAUL O.
Street Address (P.O. Box Number is Not Acceptable): 2742BISCAYNE BLV.
City: MIAMI FL Zip Code: 33137

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] 29/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D VENTURA, RAUL O. 2742 BISCAYNE BLVD. MIAMI, FL. 33137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S BLANQUE, YOLANDA B. 2742 BISCAYNE BLVD. MIAMI, FL. 33137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP VENTURA, CLAUDIO A. 2742 BISCAYNE BLVD. MIAMI, FL. 33137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP VENTURA, MONICA V. 2742 BISCAYNE BLVD. MIAMI, FL. 33137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/TREASURE NATALIA, VENTURA 2742 BISCAYNE BLVD. MIAMI, FL. 33137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500008830385 11/06/02--01068--025 **900.00

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: X [signature] PRESIDENTE 29/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

10/30/02