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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P0000077588 1. Entity Name TRIADOS, CORP. 4-07-2001 90022 009 ***150.00 Principal Place of Business Mailing Address 6111 N.W. 33 STREET 8111 N.W. 33 STREET MIAMI FL 33122 MIAMI FL 33122 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 1035942 65 Not Applicable Zip 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 SERRANO, ANDRES F Street Address (P.O. Box Number is Not Acceptable) 8111 N.W. 33 STREET **MIAMI FL 33122** City Zip Code 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 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. CR2E034 (10/00) TITI F Delete TITLE ☐ Channe ☐ Addition PADRON, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 9470 S.W. 11 STREET CITY - ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE ☐ Delete ☐ Addition TITLE BARRAFF, CARLOS 3445 SW 113 PL NAME SARRAFF, ANDRES F NAME STREET ADDRESS 3445 S.W. 113 PLACE STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Addition TITLE TITI F Change Delete NAME SERRANO, ANDRES F NAME STREET ADDRESS 1395 SEAGRAPE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE · · 🔲 Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the information supplied with 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.

WEES F. SERRADO APE 2 2001