FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078360

1. Entity Name

PRODECOM INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1600 NW 84 AV.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State MIAMI, FL	City & State
Zip 33126 Country	Zip Country

4. FEI Number 65-1034125 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SILVA CASTRO, CARLOS AUGUSTO

Street Address (P.O. Box Number is Not Acceptable) 1600 NW 84 AV.

City MIAMI FL Zip Code 33126

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 Carlos Silva CARLOS AUGUSTO SILVA CASTRO 4/30/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILVA CASTRO, CARLOS AUGUSTO 1600 NW 84 AV. MIAMI, FL 33126	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOPEZ, LUIS ALBERTO 1600 NW 84 AV. MIAMI, FL 33126	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Silva CARLOS AUGUSTO SILVA CASTRO (305) 715-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 4/30/02 7272
Date Daytime Phone #