FILED
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Secretary of State

03-20-2003 90095 037 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078360

1. Entity Name

PRODECOM INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 651034125 ☐ 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 AVENUE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ SILVA CASTRO, CARLOS AUGUSTO 03/06/2003

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SILVA CASTRO, CARLOS AUGUSTO 1600 NW 84 AVE., MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO LOPEZ, LUIS ALBERTO 1600 NW 84 AVE., MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOPEZ, LUIS ALBERTO 1600 NW 84 AVE., MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROMAN, URIEL 1600 NW 84 AVE., MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CERON, IDALY 1600 NW 84 AVE., MIAMI, FL 33126
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Silva Castro, Carlos Augusto 03/06/2003 (305) 715-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #