2003 FOR PROFIT CORPORATION

FILED May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P00000086163 DOCUMENT # 05-01-2003 90824 043 ***150.00 1. Entity Name INTERNEG CORP. Mailing Address Principal Place of Business 10100 SW 164 PLACE 10100 SW 164 PLACE MIAM! FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 955 SW 2 AVE 955 SW 2 AVE Suite Apt. # etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 602 602 City & State 4. FEI Number City & State Applied For 65-1045650 MIAM Not Applicable Country Country \$8.75 Additional USA 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIQUET, ALEXANDRE Street Address (P.O. Box Number is Not Acceptable) 10100 SW 164 PLACE MIAMI FL 33196 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete LUIZ MARIA JE SANTA MARTHA PIQUET SANTA MARTHA PIQUET , LUIZ MARIA DE NAME NAME 955 SW 2 AVE #602 STREET ADDRESS 200 SOUTH BISCAYNE BLVD. SUITE 5120 STREET ADDRESS MIAMI FL 33131-2310 CITY-ST-7IP CITY-ST-ZIP MIAMI , FL 33 130 Addition TITLE TIT! F ☐ Delete Change ALEXANDRE PIQUET PIQUET, ALEXANDRE NAME NAME 955 SW 2 AVE # 602 STREET ADDRESS 10100 SW 164 PL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP MAM , FL 33130 TITLE TITLE Change ☐ Delete noitibhA [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-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)