FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State P00000087068 DOCUMENT # 04-29-2002 90147 010 ***150.00 1. Entity Name ELKO IMPORT AND EXPORT CORPORATION Principal Place of Business Mailing Address 91944 501 BRICKELL KEY DRIVE 1900 WEST COMMERCIAL BLVD. **SUITE 121** SUITE 400 FORT LAUDERDALE FL 33309-3018 MIAMI FL 33131 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 5-104710 Not Applicable Zio Country Country Zip \$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 SLOSBERGAS, NELSON Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DRIVE SUITE 400 MIAM) FL 33131 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delete TITLE - Addition Change DE ASSUMPCAO FARIA, JOSE LUIZ NAME NAME STREET ADDRESS 1900 WEST COMMERCIAL BLVD. SUITE 100 STREET ADDRESS CR2E034 FORT LAUDERDALE FL 33309-3018 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME FARIA, RENATA C D NAME STREET ADDRESS 1900 WEST COMMERCIAL BLVD. SUITE 100 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309-3018 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TOLE ☐ Change NAME FARIA JOSE L.D. NAME STREET ADDRESS 1900 WEST COMMERCIAL BLVD. SUITE 100 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FORT LAUDERDALE FL 33309-3018 Detete TITLE ☐ Change TITI F ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all

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Daytime Phone #