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SECRETARY OF STATE

Principal Place of Business 4480 BAYSHORE DR., #240 NAPLES FL 34112		Mailing Address 4480 BAYSHORE DR., #240 NAPLES FL 34112				TALLAHASSEE FI_ORIDA					
2. Principal Place of Business			3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4 . F	El Number 59-369235	2		plied For of Applicable	
Zip		Country	Zip	Coun	ntry	5. C	Pertificate of Status Desired		8.75 Add ee Require		
	6. Name	and Address of Curren	t Registered Agent			7. N	ame and Address of New	Registered A	gent		
DILADTE	HERNANDO		والمستحيث والأواد والمنايوات	Name			را الريابات مستويد سيعيديه ميواوية الوادات اليايي الرواداتعيد				
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NAPLES F		, #240					_ 				
invite Co. i	L 34112				City		 	FL	Zip Cod	e	
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 obligat	ions of registe	ered agent.									
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applicable. (N	OTE: Registere	d Agent signature re	equired when rei	nstating)	DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department					Election Campaign I Trust Fund Contribut			0 May Be	
10.		OFFICERS AND	ll	11.			DITIONS/CHANGES TO O	FICERS AND	DIRECTOR	S IN 11	
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12. I hereby c	ertify that the	information supplied wit	th this filing does not qualify:	for the exe	mption stated i	in Section 1	19.07(3)(i), Florida Statutes	s. I further certif	y that the in	nformation	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

AMERICOL IMPEX, CORP.

1. Entity Name

P00000096830

Affachment Paooooo 96830

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS TALLAHASSEE, FL 32302

JUNE 30, 2003

To whom it may concern:

I'm writing this letter hoping that you may consider the serious problems that have left me physically, economically and emotionally exhausted during the last eight months. October 11, 2002 I received a phone call from my client informing me that his Government would not issue any more import licenses permitting entry of my material (PVC recycle regrind) into his country, Colombia SA. Consequently the means by which I was supporting my family suddenly stopped, creating tremendous problems and stress. On January 8, 2003 I had two operations: 1) remove a tumor thought to be cancerous in my Parotid Gland and, 2) repair a leaking Hydocelle in my scrotum at our local Naples Community Hospital. The latter was a second operation correcting a previous operation performed by the Veterans Administration at Bay Pines a few months back Finally, on March 03, 3003 I suffered a sudden death heart attack at the emergency room of the Naples hospital and had to be resuscitated five times.

In closing I will like to apologize for my lateness but my drive, energy and memory has been lacking since my experience of March 03, 2003.

Hernando A. Duarte AMERICOLIMPEL, CORP

59-3692352