FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90441 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096945 ✓

1. Entity Name

NORKA DOLPHIN CORPORATION

671514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8888 HOWARD DRIVE	9804 SW 124 STREET
Suite, Apt. #, etc. SUITE 376	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33176 Country USA	Zip 33176 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068889 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ANA ALEITE

Street Address (P.O. Box Number is Not Acceptable) 9804 SW 124 STREET

City MIAMI FL Zip Code 33176

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 [signature] ANA ALEITE, DIRECTOR 5/7/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Completion of this section is required when making changes) 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	PD
NAME	ANA ALEITE
STREET ADDRESS	9804 SW 124 STREET
CITY-ST-ZIP	~~MIAMI FL 33176~~
TITLE	TD
NAME	ROCIO SANIN
STREET ADDRESS	9804 SW 124 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD
NAME	JOYCE ALEITE
STREET ADDRESS	9804 SW 124 STREET
CITY-ST-ZIP	~~MIAMI FL 33176~~
TITLE	VD
NAME	CHANGSOON LEE
STREET ADDRESS	2503 NW 5 AVENUE
CITY-ST-ZIP	MIAMI FL 33127
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: [signature] ANA ALEITE, DIRECTOR 5/7/02 (305)232-2768

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