FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State P00000099590 DOCUMENT # 1. Entity Name DRISMA DESIGN & BUILD, INC. 04-22-2002 90319 010 ***150.00 Mailing Address Principal Place of Business 3896 SW 107 AVE 3896 SW 107 AVE **MIAMI FL 33165** MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1122092 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENITEZ, ALICIA CPA Street Address (P.O. Box Number is Not Acceptable) 3896 SW 107 AVE **MIAMI FL 33165** 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE CARPINTERO, RUBEN ALBERTO NAME NAME BAGNATI 375 - SAN ISIDRO AVELLANDEDA 1680-VINCENTE LOPEZ STREET ADDRESS STREET ADDRESS **BUENOS AIRES, ARGENTINA** CITY-ST-ZIP AIRES, ARGENTINA CITY-ST-ZIP ☐ Change Addition X Delete TITLE TITLE ALVAREZ-ROJAS, OSVALDO NAME NAME EL LAZO 3134 5G STREET ADDRESS STREET ADDRESS **BUENOS AIRES, ARGENTINA** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE CAPIRONE, ENRIQUE A NAME NAME 38Z GASSET ORTEGA Y RAVIGNAN! 292 5 C STREET ADDRESS STREET ADDRESS MAR DEL PLATA - ARGENTINA **BUENOS AIRES, ARGENTINA** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE 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:

changed, or on an attachment with

address, with all other like empowered