2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P00000099661** 04-26-2004 90420 017 ***150.00 1. Entity Name DACAR INTERNATIONAL, CORP. Principal Place of Business Mailing Address JZUUVVV -8255 NW 66 STREET 8255 NW 66 STREET MIAMI, FL 33166 US MIAMI, FL 33166 2. Principal Place of Business N U Mailing Address 3NW 685T 685 Suite, Apt. #, etc. 04212004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-1049812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent 4060910 REYES, CESAR AUGUSTO 8255 NW 66 ST. MIAMI, FL 33166 City 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. with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Payes Cesur AUGUSTO 1520 AlGAIDI AUE REYES, CESAR AUGUSTO NAME NAME 3300 NE 192ND STREET #302 STREET ADDRESS STREET ADDRESS Coral GADIEH33166 AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TUTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DTLE Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of her like empowered. nuv

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED