2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 29, 2002 8:00 am Secretary of State DOCUMENT # P00000105443 04-24-2002 90305 034 ***158.75 1. Entity Name GEAR INTERNATIONAL TRADING, CORP. Principal Place of Business Mailing Address 1244 N.W. 167 AVENUE 1244 N.W. 167 AVENUE 87029 PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address 12 44 NW 167AYE . 1244 NW 167 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PEMBROKE PINES, FL City & State 4. FEI Number Applied For PEMBROKE PINES, FL 65-1053786 Not Applicable Country Country \$8.75 Additional 33028 33028 5. Certificate of Status Desired USA USA Fee Required .____6. Name and Address of Current Registered Agent. -7...Name and Address of New Registered Agent -this address desint AGUDELO GUILLERHO AGUDELO, GUILLERMO exist any more, please Street Address (P.O. Box Number is Not Acceptable) 16565 NE-26 AVENUE #3D delete from your files. NORTH MIAMI BEACH FL 33160 12 44 NW 167 AVE Zip Code 33028 PEMBROKE PINES subgrits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE ... (NOTE: Registered Agent signature required when reinstation) 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 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01) X Delete TITLE PRESIDENT ☐ Addition AGUDELO GUILLERMO AGUDELO, GUILLERMO NAME NAME 16565 NE 26 AVENUE #3D NORTH-MIAMI BEACH FL 33160 1244 NW 167 AVE STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-74F PEMBROKE PINES, FL, 33028 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information peoplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information indicated on this report or supplymental report is troit 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 trasted employed to expect this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with produces, with all flory like empowered.

YTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED