2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2002 8:00 am Secretary of State P00000109494 DOCUMENT # 05-22-2002 90177 035 ***150.00 HANSA TRADING INTERNATIONAL, INC. Principal Place of Business Mailing Address 2588 SW 27TH AVENUE 2588 SW 27TH AVENUE MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1059014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27TH AVENUE **MIAMI FL 33133** 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TORRES, JAIME F NAME NAME CARRERA 57 #68-156 APT 7A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARRANQUILLA COLOMBIA CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME ROMERO, CAROLINA NAME STREET ADDRESS CARRERA 57 #68-156 APT 7A STREET ADDRESS CITY-ST-ZIP BARRANQUILLA COLOMBIA CITY-ST-7IP TITLE .. Delete TITLETONES MARIA P. TORAES NAME NAME 7777 GREEN BRIAR STREET ADDRESS STREET ADDRESS # 2048 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ 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 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

FILED