FILED Jun 19, 2002 8:00 am Secretary of State 05-24-2002 91348 044 ***150.00

		(—)		03-24-2002 91348 044	4 * * * 130.00	
DOCUMENT # P00 0001 10103						
Trancoso Bahia Corp				_ 36114		
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 958 NE 84 ST / 958 NE		E84 ST	8H ST			٠.
Suite, Apl. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State MIAMI FL	City & State*		4. F	El Number 65 - 1082046	Applied For Not Applicable	
Zip 33138 Country SA	^{zip} 33138	Cornty	5. C		3.75 Additional e Required	
Nam			7. Name and Address of Current Registered Agent			
			Street Address (P.O' Box Number is Not Acceptable)			
IN THIS SPACE			THE SHALST			
		City N	۱iA۴	ላ፣ FL	28872 P	1
8. The above named entity submits this statement	for the purpose of changing its	registered office or re	gistered age	ent, or both, in the State of Florida.	W21-10	7
SIGNATURE Signatura of a parties name a regularect aga	n and Lide of applicable. (NOTE	: Registured Agent signeture	required when rel	6/13/00 DATE	2	
	Innue de M	ay 1 Fee is \$150.0				
Tay filling requirement and elects to do so.		1, Fee is \$550.00 UBR is \$61.25		10. Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	11/2/2
111. COFFICERS AN				THE COLUMN TWO IS NOT THE TAX OF THE CASE		
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"Nojara VANG"	NEAU"	NAME		grant and the party of D	****	12
STREET ACCRESS 1 . U 958 NE 84	ST	STREET ADDRESS		4		<u> </u>
	Wi FL 33138	CITY-ST-ZIP				CRZE034B (12/0)
inte V.D.	t . N. 170 . 1	TITLE		•		122
		NAME CYTECH LOGGER				ㅁ
		STREET ADORESS CITY - ST - ZIP				
TITLE MINMI PL	- 33138			· · · · · · · · · · · · · · · · · · ·		4
NAME		TOTLE NAME				1
		STREET ADDRESS				
■ ·		CITY - ST - ZIP		DO NOT WRITE		
TITLE		IME				-
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STREET ADDRESS		STREET ADDRESS				1

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther 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 insiste employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

NAME

TITLE

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS