2002
~~2001~~ UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90002 049 ***150.00

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DOCUMENT # P00000115542

1. Entity Name

OCEANIKA FOOD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3440 Hollywood Blvd. STE 360 Hollywood, FL 33021	3440 Hollywood Blvd. STE 360 Hollywood, FL 33021
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1069824 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Leonardo A. Roth, Esq. 3440 Hollywood Blvd., STE 360 Hollywood, FL 33021	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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] Leonardo A. Roth, Esq. 01/05/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE DVPTS ☐ Delete NAME GERPE, JOSE MARIA STREET ADDRESS TUCUMAN 540, PISO 9, OF J CITY-ST-ZIP BUENOS AIRES, ARGENTINA	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature], Jose Maria Gerpe, DVPTS, 01/05/02 (954) 322-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #