2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE:

May 03, 2002 8:00 am Secretary of State P01000014718 DOCUMENT # 1. Entity Name CORETECH GLOBAL COMMUNICATION, CORPORATION 05-03-2002 90054 006 ***158.75 Principal Place of Business Mailing Address 511 SE 7 STREET 511 SE 7 STREET HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1132208 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 FERNANDEZ, FIDEL J Street Address (P.O. Box Number is Not Acceptable) 511 SE 7 STREET HIALEAH FL 33010 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/D TITI F **X** Addition TITLE ☐ Delete ☐ Change NAME NAME FIDEL J. FERNANDEZ STREET ADDRESS SIISE FSTreeT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hialeuh FL. 33010 TITLE ☐ Delete TITLE Change Addition NAME NAME Rolando manrique STREET ADDRESS STREET ADDRESS SILSE 7th street CITY-ST-ZIP CITY-ST-ZIP Hialeah FL. 33010 -TITLE™> → Delete → → TITLE" - --. -- - - - Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TITLE ☐ Addition ☐ Delete TITLE Change 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 trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

FILED