FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am DOCUMENT # PO10000 28510 **Secretary of State** CERESEWEAR INTERNATIONAL, FUC 05-15-2002 90069 007 ***150.00 Principal Place of Business Mailing Address 6860 SW. 19 STAFET 6860 SW. 19 STREET MIAMI, FL, 33155 MIAMI, FL., 33155 2. Principal Place of Business 3. Mailing Address 2433 CENTERGATE DR. 542 SW. 12TH. AUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT. 104 City & State City & State 4. FEI Number Applied For MIRAMAR, FL., FL., 33130 MIAMI 65-1085766 Not Applicable Country : \$8.75 Additional 5. Certificate of Status Desired 33130 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMERO, CARLOS MAXIMILIANO ABRAMSON, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 7270 NW. 12TH, STREET SUITE 580 MIAMI, FLORIDA, 33126 542 SW. IZTH. AUE. SUITE 1 Zip Code 33130 8. The above named entity submits this matement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. PRESIDENT SIGNATURE 国际中间的组织 国籍和经济国际 9. This corporation is eligible to satisfy its Intangible প্রালম্ভিত ত প্রাপ্ত নিজ্ঞানীত কর্মান্ত নিজ্ঞানিক স্থানিক ক্রিক্তিক স্থানিক স্থানিক 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete M Change ROMERO, CARLOS MAXIMILIANO ROMERO, CARLOS MAYIMILIANO 6860 SW. 19 STREET 2433 CENTERGATE DRIVE APT. 104 STREET ADDRESS STREET ADDRESS MIRAMAR, FL., 33025 CITY - ST - ZIP MIAMI, FL., 93155 CITY-ST-ZIP TITLE Delete TITLE ROMERO CARLOS R. 12433 CENTERGATE DRIVE APT-104 NAME romero, carlos R. NAME 6860 SW. 19 STREET MIAMI, FL., 33155 STREET ADDRESS STREET ADDRESS MIRAMAR, FL., 33025 CITY-ST-ZIP CITY-ST-ZIP . TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZtP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee empowered te execute 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 an address, with all other like empowered.

CARLOS M. ROMERO

PRESIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

SIGNATURE: 🗘

4/28/02 (786)586-2051