2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2002 8:00 am Secretary of State P01000048611 DOCUMENT # 1. Entity Name TEKNA EXPORT SERVICE, CORP. 02-13-2002 90344 001 ***300.00 Principal Place of Business Mailing Address 2410 MONTEGO DRIVE 2410 MONTEGO DRIVE MIRAMAR FL 33023 MIRAMAR FL 33023 3. Mailing Address. 9900 STirling 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-1103126 Not Applicable Zip Country \$8.75 Additional 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name rnan SILVA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 9900 STIRLING ROAD, SUITE 240 COOPER CITY FL 33024 8. The above named entity submits this statement for the purpose of changing its registered office or registe ped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE HERNANDEZ, CARLOS A NAME NAME 2410 MONTEGO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Addition ☐ Change TITLE **VPD** ☐ Delete TITLE APONTE, BLANCA R NAME NAME STREET ADDRESS 2410 MONTEGO DRIVE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in changed, or on an attachment with an address, with all other like empowered

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Daytime Phone #