May 21, 2002 8:00 am Secretary of State **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) P01000085186 DOCUMENT # 1. Entity Name CASE GROUP INTERNATIONAL, CORP. 05-21-2002 91133 038 ***158.75 Principal Place of Business Mailing Address 7300 OCEAN TERRACE NO. 306 7300 OCEAN TERRACE NO. 306 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 10000 SW 125 AVE 10000 SW 125 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For IMAIM MIAMI, FL 65-1133802 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33186 USA 33186 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAHORES, CARLOS A SAHORES, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 7300 OCEAN TERRACE NO. 306 10 000 5W 125 AVE MIAMI BEACH FL 33141 MIAMI 8. The above named Inity suthhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida CARLOS A. SAHORES SIGNATURE. 04-26-2002 nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition SAHORES, CARLOS A SAHORES ; CARLOS A. NAME 7300 OCEAN TERRACE NO. 306 10000 SW 125 AVE STREET ADDRESS CR2E034 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-7IP CITY-ST-7IP MIAMI, FL 33186 TITLE ☐ Delete TITLE ☐ 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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 trustee empowered to 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. Allos A ! Sahores SIGNATURE: