## **FILED** May 08, 2002 8:00 am secretary of State, 2002 UNIFORM BUSINESS REPORT (UBR) P01000098742 DOCUMENT # 1. Entity Name 05-08-2002 90095 016 \*\*\*150.00 INTERNATIONAL STRUCTURED TRADES INCORPORATED Principal Place of Business Mailing Address C/O RICARDO J. SOUTO, ESO. C/O RICARDO J. SOUTO. ESQ. 201 S. BISCAYNE BLVD., STE. 1500 201 S. BISCAYNE BLVD., STE, 1500 MIAMI FL 33131 MIAMI FL 33131 00 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 65-115755€ 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 Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131 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 stered agent and title if applicable (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME PEREZ, JOSE VELASCO NAME STREET ADDRESS 201 S. BISCAYNE BLVD., STE. 1500 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PIEDRAS, JUAN ANTONIO NAME STREET ADDRESS 201 S. BISCAYNE BLVD., STE. 1500 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME **MEMBRENO T., BENJAMIN** NAME STREET ADDRESS 201 S. BISCAYNE BLVD., STE. 1500 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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 execut 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

President SIGNATURE AND SED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01