2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P01000114455 1. Entity Name 05-01-2002 91621 008 ***158.75 INTRADECO EXPORT, INC. Principal Place of Business Mailing Address 7300 BIRD ROAD. SUITE 200 7300 BIRD ROAD, SUITE 200 DUUGIAAA MIAMI FL 33155 **MIAMI FL 33155** 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 65-1157845 Not Applicable Zip . − Country 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 SIMAN, JOSE EDUARDO Street Address (P.O. Box Number is Not Acceptable) 7300 BIRD ROAD, SUITE 200 MIAMI FL 33155 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 Signature, typed or printed 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) ☐ Delete Change ☐ Addition SIMAN, JOSE EDUARDO NAME NAME STREET ADDRESS 7300 BIRD ROAD, SUITE 200 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME siman, felix jr. NAME STREET ADDRESS 7300 BIRD ROAD, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME Siman, Teofilo Jr. STREET ADDRESS 7300 BIRD ROAD, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 the 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.

FILED