FILED
Jun 09, 2003 8:00 am
Secretary of State

03-28-2003 90110 011 ***150.00
06-09-2003 90111 029 *****8.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121553

1. Entity Name

ARCON INTERNATIONAL CORP.

90139022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
525 NW. 27th Avenue		525 NW. 27th Avenue	
Suite, Apt. #, etc. 206-B		Suite, Apt. #, etc. 206-B	
City & State Miami. Florida		City & State Miami - Florida	
Zip 33125	Country USA	Zip 33125	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0003214 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Bernardo. E. Perez

Street Address (P.O. Box Number is Not Acceptable) 525 NW 27 Avenue 206-B.

City Miami FL Zip Code 33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President.	TITLE	
NAME	Bernardo E Pérez	NAME	
STREET ADDRESS	525 NW 27th Avenue suite 206-B.	STREET ADDRESS	
CITY-ST-ZIP	Miami - Florida 33125	CITY-ST-ZIP	
TITLE	Vice - President	TITLE	
NAME	Dennis. J. Piñero.	NAME	
STREET ADDRESS	525 NW 27th Avenue Suite 206-B.	STREET ADDRESS	
CITY-ST-ZIP	Miami - FL - 33125	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 03.26.03 305/282.0433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #