FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

07-16-2003 90041 026 ****70.50
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03 AUG 14 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040312

1. Entity Name

INTERNATIONAL BUSINESS AND TRADE INC.

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2. Principal Place of Business	3. Mailing Address
2279 NW 102 PLACE	2279 NW 102 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33172 Country: U.S.A.	Zip: 33172 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0666965 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CARLOS M. FARAH, CPA

Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD., STE 625

City: CORAL GABLES FL Zip Code: 33134

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: Carlos Farah CARLOS M. FARAH, CPA 6/30/03
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	D/P
NAME	EDUARDO DAVID BENSADON
STREET ADDRESS	2279 nw 102 PLACE
CITY-ST-ZIP	MIAMI, FLORIDA 33172
TITLE	D/S/VP
NAME	JOSE RAMON BREA
STREET ADDRESS	2279 NW 102 PLACE
CITY-ST-ZIP	MIAMI, FLORIDA 33172
TITLE	VP
NAME	PEDRO SALCEDO SR.
STREET ADDRESS	2279 NW 102 PLACE
CITY-ST-ZIP	MIAMI, FLORIDA 33172
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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: EDUARDO DAVID BENSADON 7/1/03 (305)599-0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #