2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000054417 **DOCUMENT #** 1. Entity Name 04-28-2003 90536 003 ***150.00 SOUTH TECHNOLOGIES CORP. Principal Place of Business Mailing Address 6317 NW 109TH AVENUE 6317 NW 109TH AVENUE MIAMI FL 33178 MIAM! FL 33178 2. Principal Place of Business 3. Mailing Address 773 N.W. 58TH ST Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zio Country Country \$8.75 Additional Certificate of Status Desired U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. UARDO MAZZA-MARTINEZ, TANIA A Box Number is Not Acceptable) 780 N W 42ND AVENUE SUITE 420 234 MIAMI FL 33126 City ly 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 8. The above named the obligations of ered agent. A 200 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ De!ete TITLE ☐ Change ☐ Addition TITLE GARCIA, RONALDO NAME NAME STREET ADDRESS 6317 NW 109TH AVENUE STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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-ZIF CITY-ST-7IP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIE