2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

STE. 450

5100 TOWN CENTER CIRCLE

BOCA RATON FL 33486-1070

DOCUMENT # P25747

STE. 450

Principal Place of Business

5100 TOWN CENTER CIRCLE

2. Principal Place of Business

BOCA RATON FL 33486

BITOR AMERICA CORPORATION

5200 Town Center Circle 5200 Town Center Circle Suite, Apt. #, etc. 301 Suite, Apt. #, etc. 301 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1854914 Boca Raton, FL Boca Raton, FL Not Applicable Zip.~ -- -Country. \$8.75 Additional ... _ 33486 5. Certificate of Status Desired Fee Required 33486 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FI 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change TITLE TITLE **D**elete **BORREGALES, CARLOS** NAME NAME APARTADO 3470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS 1010-A VE Addition TITLE PULGAR, JUAN J NAME NAME STREET ADDRESS STREET ADDRESS 1004 RHODES VILLA LANE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE HERNANDEZ-CARSTENS, EDU. NAME NAME STREET ADDRESS STREET ADDRESS 3496 PINEHAVEN CIR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Eduardo Hernandez-Carstens

FILED Mar 14, 2000 8:00 am

Secretary of State

03-14-2000 90019 038 ***150.00

561-392-0026