FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P93000030234 1. Entity Name OCEAN TRADE INTERNATIONAL, INC. 01-16-2002 90054 039 ***150.00 Principal Place of Business Mailing Address 9600 NW 25TH STREET 9600 NW 25TH STREET SUITE #7C SUITE #7C MIAMI FL 33172 MIAMI FL 33172. U\$ 2. Principal Place of Business 3. Mailing Address 9400<u>NW 25</u> SUITE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0414265 Not Applicable ന്ത Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCO, ANA Street Address (P.O. Box Number is Not Acceptable) 3766 SW 133RD PLACE **MIAMI FL 33175** 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. SIGNĀTURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01 **BLANCO, JAMIE** NAME NAME 3766 SW 133 PL STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME BLANCO, ANA M NAME 3766 SW 133 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ 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 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 attack ment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR