2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P94000061149 1. Entity Name EMSA INTERNATIONAL ENGINEERING, INC. 03-22-2000 90179 024 ***150.00 Principal Place of Business Mailing Address 848 BRICKELL AVE 848 BRICKELL AVE STE 1040 STE 1040 MIAMI FL 33131 MIAMI FL 33131-2976 HS 2. Principal Place of Business 4738 NW 107 AVE 107 AUC DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1207 Applied For 4. FEI Number City & State 65-0498810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kibeiro RIBEIRO, RENATO C. 848 BRICKELL AVE STE 1040 **MIAMI FL 33131** he purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed r FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. CROSARA, ANNIBAL Change TITI F □ Defete TITLE 4738 NW 107 We #1207 CROSARA, ANNIBAL NAME New address STREET ADDRESS 848 BRICKELL AVE STE 1040 STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL CROSARA, ANNIBAL JR A Change TITLE TITLE □ Delete 4738 NW 107 AVE #1207 CROSARA, ANNIBAL JR NAME New STREET ADDRESS 848 BRICKELL AVE STE 1040 STREET ADDRESS MIAMI FE 33178 address CITY-ST-ZIP CITY-ST-7IF MIAMI FL RIBEIRO, RENATO C. **C**harige Delete TITLE TITLE 4738 NW 107 AVE #1207 RIBEIRO, RENATO C. NAME NAME ىسەحە 848 BRICKELL AVE #1040 STREET ADDRESS STREET ADDRESS addless MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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