FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

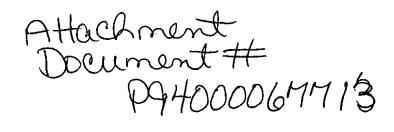
Mar 25, 2002 8:00 am **Secretary of State** P94000067713 DOCUMENT # 1. Entity Name 03-25-2002 90144 040 ***158.75 WESTHAM TRADE CORP. Principal Place of Business Mailing Address 2100 NW 102ND PLACE 2100 NW 102ND PLACE MIAMI FL 33172 MIAM! FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-1366262 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CELEDON, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 2855 N. UNIVERSITY, DRIVE **SUITE 520 CORAL SPRINGS FL 33065** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PTD NAME NAVARRO, H. ANDRES NAME 2100 NW 102ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE Change Addition NAME CELEDON, FRANCISCO NAME STREET ADDRESS STREET ADDRESS 2100 NW 102ND PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Majluf, S. Ricardo NAME STREET ADDRESS STREET ADDRESS 2100 NW 102ND PLACE CITY~ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does a 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #





March 11, 2002

345461

Florida Department of State Division of Corporations Uniform Busines Report Filings P.O. BOX 1500 Tallahassee, Florida 32302-1500

Dear Sir or Madam:

This is to advise you that the address of the Current Registered Agent have been changed.
Your records currently show: Celedon, Francisco

2855 N University Drive
Suite 520
Coral Springs, Florida 33065

Please change your records to show the new address:

Celedon, Francisco 2100 N.W. 102nd Place Miami, Florida 33172

If you have any questions regarding this information please do not hesitate to call at (305) 597-0230.

Sincerely yours,

Francisco Celedon President