2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P94000071789 1. Entity Name LATIS INTERNATIONAL CORPORATION 04-16-2001 90042 028 ***150 00 Mailing Address Principal Place of Business 1068-NE-25TH-9T P.O. BOX 421540 MIAMI-FL 33127 MIAMI FL 33242-1540 US 2. Principal Place of Business 3. Mailing Address 068 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0530179 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VILCHEZ, FRANCISCO E Street Address (P.O. Box Number is Not Acceptable) 7795 W 10 AVE HIALEAH FL 33014 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME VILCHEZ, JUAN F STREET ADDRESS STREET ADDRESS 7795 W 10 AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME VILCHEZ, IVAN R STREET ADDRESS STREET ADDRESS 1068 NW 25TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 Addition -- - Delete TITLE - ___ Change TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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:

VICEPAESIDENT

OHIO/OI

SIGNATURE:

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