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## Mar 16, 2001 8:00 am DOCUMENT # P95000025402 Secretary of State CAMSCO INTEERNATIONAL, INC. 03-16-2001 90054 034 \*\*\*150.00 Principal Place of Business Mailing Address 6906 NW 50TH ST 6906 NW 50TH ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0570299 Not Applicable Zip Zip Country 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 RAMOS, ALBIN Street Address (F.O. Box Number is Not Acceptable) 8045 S.W. 107TH AVE. **SUITE 118** MIAMI FL 33173-4681 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, 2001 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 11. OFFICERS AND DIRECTORS VILE-PRESIDENT TITLE ☐ Delete ☐ Addition CONTRERAS, RICARDO A NAME NAME 8045 S.W. 107TH AVE, SUITE 118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP PRESIDE NT TITLE ☐ Delete TITLE ■ Addition RAMOS, ALBIN NAME NAME STREET ADDRESS 8045 S.W. 107TH AVE., SUITE 218 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ~[ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 overall tig execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supply lemental repo of the corporation or the rece changed, or on an attachme

er like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Attachment 9325266

## Camsco International, Inc 6906 NW 50<sup>th</sup> Street Miami, Fl 33166-5632 Phone (305) 470-7238 Fax (305) 470-723

Florida Department of State Division of Corporations Uniform Business Report Filings Po. Box 1500 Tallahassee, Fl 32302-1500

Dear Sirs:

Document # P95000025402

We hereby request a small correction in the name of our corporation. Our registered name is "Camsco International, Inc" .but in the document referred above reads .Camsco International, Inc. (double "e") for what it seems to be a typing error.

We thank you in advance.

Albin Ramos

President and General Manager