2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2000 8:00 am Secretary of State DOCUMENT # P95000033902 MONTERO TRADING, INC. 05-24-2000 90056 009 ***150.00 Principal Place of Business Mailing Address --- SW 137TH AVENUE-9010 S.W. 137 AVENUE SUITE 113 F1 00100 MIAMI FL 33186-1437 2. Principal Place of Business 9010 S.W. 137th Ave. 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 113 City & State MIAMI Applied For City & State 4. FEI Number FL. 65-0583882 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33186 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTERO, RAMON Street Address (P.O. Box Number is Not Acceptable) 9010 S.W 137 Av 11248 GW 197TH AVENUE MIAMI FL 33180 --Suite 113 Zip Code 33186 MIAMI his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity 4/28/00 SIGNATURE DATE (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 After MAY 1, 2000 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. ☐ Change Addition ☐ Delete TITLE MONTERO, RAMON NAME 9010 S.W. 137th Ave. St 113 STREET ADDRESS STREET ADDRESS 11248 SW 137TH AVENUE MIAMI, FL., 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33188 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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-7IP 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 lepor 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.

OF SIGNING OFFICER OR DIRECTOR

O OR PRINTED NAM

SIGNATURE: >

4/28/00

Daytime Phone #

RAMON MONTERO