2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 30, 2001 8:00 am Secretary of State DOCUMENT # P95000034271 1. Entity Name 05-04-2001 90169 030 ***150.00 LEAO INTERNATIONAL INC. Principal Place of Business Mailing Address 2333 BRICKELL AVE 1416 2333 BRICKELL AVE 1416 MIAMI FL 33129 MIAMI FL 33129 US US 2. Principal Place of Business 2333 BRICKELL AVE 2333 MRICKELL AVE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0578681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRISTIANE LEAO, VIVIANE. 2333 BRICKELL AVE 1416 **MIAMI FL 33129** 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 red agent and title if applicable Signature, typed or printed name of 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 Eees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Change Addition TITLE TITLE LEAO, VIVIANE NAME NAME STREET ADDRESS 2333 BRICKELL AVE. 1416 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Deleta ☐ Addition TITLE TITLE ☐ Change LEAO, CRISTIANE NAME NAME 2333 BRICKELL AVE. 708 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM FL Change Addition ☐ Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.

G OFFICER OIL DIRECTOR

FILED