FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am DOCUMENT # P9500034537 Secretary of State 05-03-2000 90076 025 \*\*\*150.00 E & A INTERNATIONAL TRADING INC. Mailing Address Principal Place of Business 6170 NW 173RD STREET \*\*\*\* NW 173RD STREET **LUARADO**29 #434 MIAMI FL 33428-5322 FL 33015 US 3. Mailing Address 2. Principal Place of Business zzna st DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number 65-0578425 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required Α یر 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARINS, ALEXANDRE R Street Address (P.O. Box Number is Not Acceptable) 6120 NW 173RD STREET #434 MIAMI FL 33015 Zip Code FL ts this state nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The ab ve named entity SIGNAT DATE yped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 oration 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 1. 4. 1. 1A E) Addition [ ☐ Delete TITLE TITLE MARINS, ALGXANDRER MARINS, ALEXANDRE R NAME NAME 4152 NW ZZNA ST STREET ADDRESS 6170 NW 173RD ST #434 STREET ADDRESS coconut creak CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33015 ☐ Addition Change ☐ Delete TITLE MARINS, JOJG G MARINS, JOSE G NAME NAME 6170 NW 173RD ST #434 STREET ADDRESS 4152 NW ZZNd ST STREET ADDRESS MIAMI LAKES FL 33015 CITY-ST-ZIP 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-ZIP CITY-ST-ZIP Change Addition TITLE ☐ 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 fied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 see empowered to 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 supply indicated on this report supplemer of the corporation or th receiver or othernike empowered changed, or on an att; SIGNATURE:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR