FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000040069 (3) BLUE SPHERE TRADING, CORP. Principal Place of Business Mailing Address 2242 S.W. 105TH COURT 2242 S.W. 105TH COURT MIAMI FL 33165 MIAMI FL 33165 3. Date incorporated or Qualified 3a. Date of Last Report 05/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 66 -21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 Yes XNo 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DATA, PABLO Street Address (P.O. Box Number is Not Acceptable) 82 2242 S.W. 105TH COURT 83 **MIAMI FL 33165** City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE Change Addition 1. 1 TITLE NAME Data, Pablo 1.2 NAME 2242 S.W. 105TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - S1 - ZIP CITY-ST-ZIP DELE 1E ☐ Change TITLE 3 1 Tille Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE TITLE 4. 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiF DELETE 5 1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn 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 12 or Block 13 if chapted. Or on an attachment with an address

5.2 NAME

6. 1 TITLE

6 2 NAME

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CiTY - \$1 - ZiP

5 4 C(TY - ST - Z(P

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DITY-ST-ZIP

COMMUNICATION TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

5:28-96 (26)553:233.

Change

☐ Addition

CR2E034 (12/95)