2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P95000047902 1. Entity Name **VALCORP SECURITIES, INC.** 01-26-2001 90154 001 ***150.00 Principal Place of Business Mailing Address 848 BRICKELL AVE 848 BRICKELL AVE STE 601 STE 601 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0597955 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE STE 3000 **MIAMI FL 33131** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE Delete SANTAELLA, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 848 BRICKELL AVE STE 601 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE Delete TITLE SANTAELLA, ALICIA NAME NAME STREET ADDRESS 848 BRICKELL AVE STE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ MIAMI-FL:33131--- -- -- --☐ Change ☐ Addition ☐ Detete TITLE TITLE SANTAELLA, HECTOR NAME NAME 848 BRICKELL AVE STE 601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition TITLE ☐ Detete TITLE SANTAELLA, MARIANTONIA NAME NAME 848 BRICKELL AVE STE 601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition Change ☐ Delete TITLE Santaella, Juan B. NAME NAME STREET ADDRESS STREET ADDRESS 848 BRICKELL AVE STE 601 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Juan Santaella, President 01-19-01 305 3770757 ING OFFICER OR DIRECTOR Date Daytime Phone #