2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000054586 1. Entity Name BELMED INTERNATIONAL TRADING, INC. Principal Place of Business Mailing Address

FILED Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90085 049 ***150.00

SUITE #6		4851 N.W. 79TH AE SUITE #6 MIAMI FL 33166 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 1	4. FEI Number 65-0599191			Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		75 Add Require		
	6. Name and Address of Current F	legistered Agent		7.]	Name and Address of New Regi	stered Agen	it		1
			= Name						1
	ran, naemar I NW 79th ave		Street Add	dress (P.O. E	Box Number is Not Acceptable)				1
	E #6								1
MIAN	M FL 33166	City				FL	Zip Cod	e	1
8 The above	named entity submits this statement for	the purpose of changing its	registered office or re	enistered an	ent, or both, in the State of Florida				1
1110 000010	That of the sacrification of the sacrification of	The parpose of changing its	rogiatoros omos er n		jorn, or soun, in the state at 1 to her				
SIGNATURE									}
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature	required when re	einstating)	DATE].
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00	10. Election Campaign Financ Trust Fund Contribution.	cing		May Be I to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIR	ECTORS	S IN 11	1.
,TITLE	V	☐ Delete	TITLE				Change	Addition	6
NAME STREET ADDRESS	BELTRAN, ABEMAR		NAME						15
STREET ADDRESS CITY-ST-ZIP	4851 N.W. 79TH AVE., SUITE #6 MIAMI FL 33166		STREET ADDRESS CITY-ST-ZIP						1 8
TITLE	ST STOR	Delete	TITLE				Change	☐ Addition	16
NAME	BELTRAN, RAFAEL	Doing	NAME			_			15
STREET ADDRESS	4851 N.W. 79TH AVE., SUITE #6		STREET ADDRESS						1
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP						-
TITLE	PD	☐ Delete	TITLE				Change	☐ Addition	1
NAME STREET ADDRESS	BELTRAN, NAEMAR 4851 N.W. 79TH AVE., SUITE #6		NAME STREET ADDRESS		the second of th	S			1
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP						}
TITLE		☐ Delete	TITLE				Change	Addition	1
NAME	į		NAME						-
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE ·	<u> </u>		╉				Change	☐ Addition	-
NAME		☐ Delete	TITLE NAME			Ц	onange	L1 Audition	
STREET ADDRESS	,		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADOREGE						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						1

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 end 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 poort 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.

SIGNAPORE AND TYPED OR PAINTED NAME OF SIGNANG OFFICER OR DIRECTOR

305.7168889

Daytime Phone #