Line - & 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065652 1. Entity Name PHARMA 2000 DYNAMIC TRADE, INC.

FILED May 12, 2001 8:00 am Secretary of State

05-12-2001 90026 037 ***150.00

| Principal Place of Business Mailing Address 4545 N.W. 7TH STREET 12 CORAL GABLES FL 33126 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Current Registered Agent Country To Name and Address of Current Registered Agent IZQUIERDO, NICOLAS D 7901 NORTH KENDALL DRIVE MIAMI FL 33156 Signature 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. To Name Signature (NOTE Registered Agent agent and title if applicative. (NOTE Registered Agent agent agent and title if applicative. (NOTE Registered Agent agent, or both, in the State of Florida. To Name Signature Signature Somature, typing or printed name of registered agent and title if applicative. (NOTE Registered Agent a |
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| 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent agent are greature receited when reveating) A The appropriate in a stignific to a certificity to profice to a station of the purpose of Changing its registered agent, or both, in the State of Florida. Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent, or both, in the State of Florida. Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent age |
| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Name IZQUIERDO, NICOLAS D 7901 NORTH KENDALL DRIVE MIAMI FL 33156 Street Address (P.O. Box Number is Not Acceptable) City City Street Address of Florida. Registered agent, or both, in the State of Florida. Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) OATN File Agents signature required when remistating) OATN CITY Country Signature is policible to a crick title Integrable. File NOWILL SEE IS \$150.00 |
| City & State City & State City & State City & State 4. FEI Number 65-0605247 Applied For Not Applicable 5. Certificate of Status Desired |
| Not Applicable |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IZQUIERDO, NICOLAS D 7901 NORTH KENDALL DRIVE MIAMI FL 33156 Street Address (P.O. Box Number is Not Acceptable) City City City Street Address (P.O. box Number is Not Acceptable) Octive Street Address (P.O. box Number is Not Acceptable) City Figure 1 |
| IZQUIERDO, NICOLAS D 7901 NORTH KENDALL DRIVE MIAMI FL 33156 Street Address (P.O. Box Number is Not Acceptable) City City SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATES FILE NOW ILL FEE IS \$150.00 |
| IZQUIERDO, NICOLAS D 7901 NORTH KENDALL DRIVE MIAMI FL 33156 Street Address (P.O. Box Number is Not Acceptable) City Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATO OAT |
| 7901 NORTH KENDALL DRIVE MIAMI FL 33156 City City SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATO CITY OATO CITY |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATN FILE NOW!!! FEELS \$150.00 |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATN FILE NOW!!! FEELS \$150.00 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATN FILE NOW!!! FEE IS \$150.00 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATN FILE NOW!!! FEE IS \$150.00 |
| 9. This corporation is elioible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 |
| Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See Criteria on back) Tax filing requirement and elects to do so. (See Criteria on back) Tax filing requirement and elects to do so. Make Check Payable to Department of State |
| 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE PTD Delete TITLE Change Addition S |
| NAME IZQUIERDO, NICOLAS D STREET ADDRESS 7901 NORTH KENDALL DRIVE NAME STREET ADDRESS |
| CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP |
| TITLE VSD Delete TITLE Change Addition S |
| NAME IZQUIERDO, JORGE L STREET ADDRESS 7901 NORTH KENDALL DRIVE STREET ADDRESS . |
| CITY-ST-ZIP MIAMI FL 33156 |
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| 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 |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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.

04-09-01