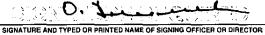
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071836 1. Entity Name DMM INTERNATIONAL TRADING CO., INC.				Secretary of State 03-25-2002 90023 049 ***158.75			
Principal Place of Business 1323 S.E. 17TH STREET PMB 536 FORT LAUDERDALE FL 33316		Mailing Address 1323 S.E. 17TH STREET PMB 536 FORT LAUDERDALE FL 33316		80048552			
2. Principal Place of Business		3. Mailing Address		1 3004100 FILE (BIR DIVI BOUL BOUL BOUL BOUL	1811) 1880) (1881 1810 <u>)</u> (
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0761728	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Register	red Agent		
GAZONER, MARIA 1201 N.E. 5TH STREET FORT LAUDERDALE FL 33301			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
10111 210	OLINDALE I E GOOD I		City		FL Zip Code	,	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	istered agent, or both, in the State of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re-	quired when reinstating) D.	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D			2 Fee will be \$550.0			May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHIES, ROLF R 1323 S.E. 17TH STREET #536 FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOLESCHEL, OSCAR 3430 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MILKEREIT, STEFAN 3430 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	□ :Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that my wered to execute this report as	signature shall have	n Section 119.07(3)(i), Florida Statutes. I further the same legal effect as if made under oath; th 607, Florida Statutes; and that my name appea	at I am an officer of	or director	

SIGNATURE:



HARCH 1 OL

954 566 8954

Daytime Phone