2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State P96000000222 DOCUMENT # 1. Entity Name 05-09-2002 90065 012 ***150.00 SOL ITO INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 18027 SW 12 CT 18027 SW 12 CT PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 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. FEI Number Applied For 65-0631183 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code Fl 38. 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOLITO, GIUPPE ALDO NAME NAME 18027 SW 12 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SOOKDEW-SING, STACY ANN NAME NAME STREET ADDRESS 18027 SW 12 CT STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SOOKDEW-SING, ROBERTO R NAME 18027 SW 12 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME SW. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

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