2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000007561 May 24, 2000 8:00 am 1. Entity Name Itex Trading Corp. Secretary of State 05-24-2000 90147 032 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 2801 SW 31 Avenue 2801 SW 31 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami, Florida Miami, Florida 65-0653985 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33133 Miami-Dade 33133 Miami-Dade Fee Required .6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Guttman & del Valle, P.A. Ignacio G. del Valle 2333 Ponce de Leon Boulevard, Suite 650 Street Address (P.O. Box Number is Not Acceptable) Carlton, Fields, et al Coral Gables, Florida 33134 100 SE 2 Street, Suite 4000 City **Miami** Zip Code **33131** 8. The above named entity submits this statement for the purposa of exanging its registered office or registered agent, or both, in the State of Florida. DATE Topinace the Cistere the 1 and 11 the cable (NOTE, Registered Agent signature required when reinstating 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, 2000 Fee will be \$550.00% Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director-President-Sec. Director-President-Treasurer X Change Delete TITLE TITLE Vittorio Dall'Orso NAME Vittorio Dall'Orso NAME 4656 SW 75 Avenue STREET ADDRESS 2801 SW 31 Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33155 <u>Miami, Florida 33133</u> Change Addition Director-VP-TSPre TITLE Delete TITLE Director-VP-Secretary NAME Paul Cabassa NAME Gaston Brunschwig STREET ADDRESS STREET ADDRESS 4656 SW 75 Avenue 2801 SW 31 Avenue CITY-ST-7IP CITY-ST-ZIP Miami, Florida 33156 <u>Miami, Florida</u> Addition ☐ Change TITLE . ☐, Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of the corporation or the receiver or trustee empowared 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. 567-2800 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

INC. OFFICER OR DIRECTOR

Daytime Phone #