2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019915 Apr 12, 2000 8:00 am Secretary of State HERMITAGE TRADING, INC. 04-12-2000 90057 048 ***150.00 Mailing Address Principal Place of Business 1643 BRICKELL AVE 2009 S BAYSHORE DRIVE STE 3205 MIAMI-FL-99193 MIAMI FL 33129-1259 us-US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0759500 Not Applicable MIAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSE MARIA CARNEINO BA-CUNHA CARNEIRO DA CUNHA, JOSE M Street Address (P.O. Box Number is Not Acceptable -1693 BRICKELL AVE #3205 43 BRICKELL **MIAMI FL 33129** 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 ent signature required when reinstating) * CONSE MANIA CANNELINO BACKNUS 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT CR2E034 (9/99) Change TITLE ☐ Delete JOSE RENATO BRANDILEONE JOSE RENATO BRANDILEONE NAME NAME 7949 NW 21st. STREET ADDRESS STREET ADDRESS 2000 S. BAYSHORE DR. #67-MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL-83133 ----☐ Chance Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 (305) 994-7272

Daytime Phone #