FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P96000020517 05-22-2001 90004 026 ***150.00 EMERALD GOLD, INC. Mailing Address SAME Principal Place of Business 169 EAST FLAGLER STREET, SUITE \$1033 MIAMI, FL. 33131 659025 2. Principal Place of Business 3. Mailing Address SAME AS ABOUE SAME AS ABOVE Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0646727 Not Applicable Country Zip Country Zip \$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 Castaneda Street Address (P.O. Box Number is Not Acceptable) CAME AS ABJUE Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 Addition ☐ Delete TITLE TITLE Hugo Eastaneda 1650 East Player Street \$ 1033 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MITMI, FL. 33131 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not challfy 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 occurate 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 trustees that were the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustees that were the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director of the corporation or the receiver or trustees that I am an officer or director or

305) 373-9027

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

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State

February 13, 2001

EMERALD GOLD, INC. 169 EAST FLAGLER STREET, SUITE 1033 MIAMI, FL 33131

SUBJECT: EMERALD GOLD, INC. Ref. Number: P96000020517

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Cathy Cave ANNUAL REPORTS SECTION

Letter number: 201A00008829

Director's Office