2001/UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

emear

SIGNATURE:

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P97000042509 -~ CARIBANA INTERNATIONAL INC. 02-08-2001 90167 039 ***150.00 Principal Place of Business Mailing Address 251 ROYAL PALM WAY 291 ROYAL PALM WAY SUITE 214 SUITE 214 PALM BEACH PALM BEAGH FL 33480 Principal Place of Business Mailing #ddress Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0752591 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROPPER, EDWARD 251 ROYAL PALM WAY 324 Koyal Falm Way STE-214 Suit 212 PALM BCH FL 33480 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change ☐ Addition TITLE TITLE GROPPER, EDWARD NAME NAME STREET ADDRESS % 251 ROYAL PALM WAY, SUITE 214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☐ Addition TITLE **VOTENS, CARREEN L** NAME NAME STREET ADDRESS **% 251 ROYAL PALM WAY, SUITE 214** STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP PALM BEACH FL 33480 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (□ Change Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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

Date

Daytime Phone #