2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P97000057814 Entity Name 05-11-2001 90307 031 ***150.00 PENTA CHEMICAL AND PLASTIC (USA) CORP. Mailing Address Principal Place of Business **≝00** S. BISCAYNE BLVD., 4100 FLOOR 200 S. BISCAYNE BLVD., 4100 FLOOR MIAMI FL 33131 -JIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip 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 RJVF CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., 41 FLOOR **MIAMI FL 33131** Zip Code City 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. 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. Added to Fees Trust Fund Contribution. (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 **X** Addition □ Delete TITLE P TITLE Valdes-Fauli, Raul E. NAME NAME Espinosa, Heberto STREET ADDRESS 2 S. Biscayne Blvd., #3400 STREET ADDRESS 3804 Alhambra Circle CITY-ST-ZIP Miami, Fl 33131 CITY-ST-ZIP Coral Gables, Fl 33134 Change X Addition D/S 🔀 Delete TITLE TITLE b/s Valdes-Fauli, Raul J. NAME NAME Espinosa, Heberto STREET ADDRESS 2 S. Biscayne Blvd., #3400 STREET ADDRESS β804 Alhambra Circle CITY-ST-ZIP CITY-ST-ZIP Miami, Fl 33131 Coral Gables, Fl 33134 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME 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 supplied that it is an an officer or director of the corporation or the receipt of justice 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 attachme with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR