FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P97000066240 PH INTERNATIONAL GROUP, INC. 05-11-2001 90461 004 ***150.00 Principal Place of Business Mailing Address 12571 SW 38 TERRACE 12571 SW 38 TERRANCE Philosisa MIAMI FL 33175 MIAMI FL 33175 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0774753 Not Applicable Zip Zip Country Country \$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 Name LONSO SRACL AUERBACH, MARC'H ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET 28TH FLOOR **MIAMI FL 33131** City Zip Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4-26-01 DATE SIGNATURE ne 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 11. 12. Change ☐ Addition TITLE ☐ Delete PRESIDENT Jose H. SURIS 125715W 38 TERRACE 19.AHI, FL. 33175 SURIS, JOSE M NAME NAME STREET ADDRESS STREET ADDRESS 12571 SW 38 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** VICE PRESIDENT 🗹 Addition Delete TITLE TITLE YIRA SURIS SOISW 38 TERRACE LAMI, FL. 33175 SARDINAS, HERBERRO NAME NAME STREET ADDRESS 12571 SW 38 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 TITLE Change Addition | TITLE **X** Delete RODRIQUEZ, GREGORIO NAME NAME 12571 SW 38 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP the this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information this troe and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director insolvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental report for the corporation or the receiver or the see his

SIGNATURE:

changed, or on an attack

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

th all other like empowered.

1/18/01 30x-552.74