2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State **DOCUMENT #** P97000073305 1. Entity Name GBS INVESTMENT INC. 02-21-2002 90053 013 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DR., SUITE 501 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2651 MIAMI FL 33131-2651 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0778084 Not Applicable Zip Country Zip 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 GUTIERREZ, RENALDY J I Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2651 City Zip Code 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ■ Addition NAME DE ARMINO, HECTOR RAUL AL NAME STREET ADDRESS AVENIDA DE MAYO 881, PISO 3 STREET ADDRESS CITY-ST-ZIP **BUENOS AIRES AR 1084** CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME MIROSICH, SILVIA SUSANA NAME STREET ADDRESS AVENIDA DE MAYO 881, PISO 3 STREET ADDRESS CITY-ST-ZIP **BUENOS AIRES AR 1084** CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME GUTIERREZ, RENALDY J NAME STREET ADDRESS 601 BRICKELL KEY DR. SUITE 501 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empewered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

REUSLOY FUNCEROZ

FILED