2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P97000103457 GRUPO GUASCOR INTERNATIONAL INC. 04-05-2001 90080 031 ***150.00 Principal Place of Business Mailing Address 7220 N.W. 36TH STREET 7220 N.W. 36TH STREET SUITE 310 SUITE 310 **MIAM! FL 33166** MIAMI FL 33166 US US 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 65-0807511 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Raituvi, Martin CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 MIDMI Zip Code MIDM 33166 8. The above named entity submits nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. PRESIDENT Signature, typed o 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. ☐ Change ☐ Addition □ Delete TITI F TITLE FRANCO, JOSE M NAME NAME 7220 NW 36 ST, SUITE 310 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP SDP Change ☐ Addition ☐ Delete TITLE Partovi, Marchin 7220 N.W 36 St, SUITE 340 PAITUVI, MARTIN NAME NAME 7220 NW 36 ST, SUITE 310 STREET ADDRESS STREET ADDRESS Misson 刊 33166 **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GRAJALES, JOSEBA NAME NAME 7220 NW 36 ST, SUITE 310 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete ESTEADS, NAME 7220 NW 36 st STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALI ☐ Delete TITLE 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 ADDRESS 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 employed 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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR