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**Jul 18, 2001 8:00 am**
**Secretary of State**
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PROFIT CORPORATION ANNUAL REPORT
2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000010693

1. Corporation Name

VRM TRADING CORPORATION

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 8201 NW 64 ST # 4<br>MIAMI FL 33166 | 8201 NW 64 ST # 4<br>MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified: 2-2-1998

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 65-0312480 | Applied For / Not Applicable |
|---|---|---|---|
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 24 Zip / 25 Country | 29 Zip / 30 Country | 8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No | |

9. Name and Address of Current Registered Agent

VARILLAS MARGARITA A
7121 SW 11TH ST
Pembroke Pines FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD ☐ DELETE<br>VARILLAS JAIME<br>7121 SW 11TH ST<br>Pembroke Pines FL 33023 | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD ☐ DELETE<br>VARILLAS CHRISTIAN M<br>7121 SW 11TH ST<br>Pembroke Pines FL 33023 | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TLE / ME / REET ADDRESS / Y-ST-ZIP | SD ☐ DELETE<br>VARILLAS MARGARITA A<br>7121 SW 11TH ST<br>Pembroke Pines FL 33023 | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| / ME / EET ADDRESS / -ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE: [signature] 4-11-01