2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000018003 May 24, 2000 8:00 am Secretary of State 1. Entity Name NORTE CORP. 05-24-2000 90147 010 ***150.00 Principal Place of Business Mailing Address 2333 BRICKELL AVE OXO FINANZAS. INC. 85 GRAND CAME DRIVE MIAMI FL 33129 MIAMI ED 90144-2550 2. Principal Place of Business 3. Mailing Address 2333 BRICKELL AV Suite, Apt. #, etc. Suite, Apt. #, etc. 477-2502 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0820650 MIAMI Zip Not Applicable Country SALE \$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 GONZALEZ, GERARDO A 2333 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) #2502 MIAMI FL 33129 FI Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida SIGNATURE _ Signature, typed or printed name of registered agent ar (NOTE: Registered Agent signature required when 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11, OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE GONZALEZ, ANA M ☐ Change NAME Aggition NAME STREET ADDRESS 2333 BRICKELL AVE, #2502 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME GONZALEZ, GERARDO A ☐ Change Addition NAME STREET ADDRESS 2333 BRICKELL AVE, #2502 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33129** CITY-ST-ZtP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Calete TITLE Change Addition NAME CTBCCT ADDRESS STREET ADDRESS DITH ST-ZIP CITY-ST-ZIP Defete TITS F Change Addition HAME ... : somenen STREET ADDRESS ST-719 CHY-ST-ZIP 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 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 attachment with an address, with all other like empowered. X4-28-2000 X305-854-1466
Dayling Phone -

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR