FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State P98000019142 **DOCUMENT #** 1. Entity Name 01-30-2002 90001 035 ***150.00 COLTRADING IMPORT/EXPORT, INC. Mailing Address Principal Place of Business 7701 ATLANTA STREET 7701 ATLANTA STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0832148 Not Applicable 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 NATERA, LUIS A JR. Street Address (P.O. Box Number is Not Acceptable) 7701 ATLANTA STREET HOLLYWOOD FL 33024 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITLE PD ☐ Delete TITLE NAME natera, luis a jr. NAME 7701 ATLANTA STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE SD NAME NAME NATERA, LUIS A SR. STREET ADDRESS 7701 ATLANTA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS

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 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 part all other like empowered. era.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1-11-02 954-983-8764 Date Daytime Phone #