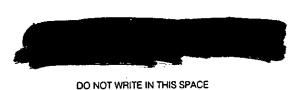
2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State

06-03-2002 91196 017 ***150.00

DOCUMENT # P980000 31967. LORIVAN INC. Principal Place of Business
89145W5LANE. Mailing Address 8914 SW5 LANE 41Ami 1F! 33174 MIAMI F133174

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country



Applied For 4. FEI Number 65-0843685 Not Applicable \$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 CASTANE DA, JOSE R 8914 SW 5 LAND MIAMI F1.33174

City.			•	FL	Zip Cod

Street Address (P.O. Box Number is Not Acceptable)

3. 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.

9. This corporation is eligible to satisfy its intangible Fax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

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(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. \ ☐ Addition Delete ASTANE dà Jose R 8914 SW 5 LANC 41AM F/33174 NAMÈ AME STREET ADDRESS ... TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete Shippeda SANGEO NAME AME STREET ADDRESS TREET ADDRESS F1 33174 CITY-ST-ZIP ITY ST-ZIP -- Addition Delete TLE NAME AMF STREET ADDRESS TREET ADDRESS TY-ST-7IP CITY-ST-ZIP Change . ☐ Delete NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Addition ☐ Delete TITLE TI F NAME AMF STREET ADDRESS TREET ADDRESS CITY-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.

SIGNATURE:

SIGNATURE REQUIRED

4/29/02