2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am DOCUMENT # P98000038011 Secretary of State 1. Entity Name CROSSRACER INTERNATIONAL, INC. 03-19-2001 90451 018 ***150.00 Principal Place of Business Mailing Address 7331 NW 35TH ST 7331 NW 35TH ST MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0844555 Not Applicable Zip 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 LANGSTADT, OLIVER J ESQ. Street Address (P.O. Box Number is Not Acceptable) 815 PONCE DE LEON BLVD, 2ND FL **CORAL GABLES FL 33134** Zip Code City 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 DATE 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 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Same - OK Same - OK PSD TITLE ☐ Addition TITLE ☐ Delete NAME DROT DE GOURVILLE, EDUARDO NAME SUIPACHA 1067 - PISO Z STREET ADDRESS STREET ADDRESS WUIPACHA 1057 PASO 2 CITY-ST-ZIP CITY-ST-7IP C1008AAU- BUENDS ARRES-ARGENTINA 1059 BUENOS AIRES, ARGENTINA same -OK X Change ☐ Addition Delete TITLE TITLE VERSCHOOR, MARIO ENRIQUE NAME Some -OK NAME SUIPACHA 1067. PISO R STREET ADDRESS STREET ADDRESS WUIPACHA 1057 PASO 2 23914 2007316-UAA 80019 44.T4 3294 CITY-ST-ZIP CITY_ST_ZIP 1059 BUENOS AIRES, ARGENTINA ☐ Change Addition TITLE Delete TITLE **BELMONT, TOM** NAME NAME STREET ADDRESS STREET ADDRESS 7331 NW 35TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ■ Addition □ Delete TITLE Change TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this fling 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 supplies ental 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 bustee empowered to execute this leport 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.

CITY-ST-ZIP

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