2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000040491 Apr 20, 2000 8:00 am Secretary of State PYMCO TRADING CORPORATION 04-20-2000 90012 024 ***150.00 Mailing Address Principal Place of Business 610 74TH STREET 610 74TH STREET SUITE 9 MIAMI BEACH FL 33141-2621 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 200 179Th Da. 178Th De. 200 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE SUITE City & State 4. FEI Number Applied For City & State 65-0302420 ISLES, FL SUNNY ITLES Not Applicable Phiso2 Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PIZARRO, ROBERTO 200 178 TH DR. SUITE 610 74TH STREET SUITE 9 -MIAMI BEACH EL 33141 Zip Code SUPNI ISLES 33/60 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition TITLE TITLE ☐ Delete NAME NAME PIZARRO, ROBERTO 200 178th DR. SUITE 401 STREET ADDRESS STREET ADDRESS 610-74TH STREET SUITE 9 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 3314T SUNNY 151 FL 33/60 ☐ Addition ☐ Delete TITLE NAME COY, LEONOR E NAME 200 178 Th De. SUITE 401 STREET ADDRESS 610-74TH STREET SUITE-9 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 CITY-ST-ZIP MIAMI-BEACH FL-3314T ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition ☐ Delete TITLE ☐ Change TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR