2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am § Secretary of State DOCUMENT # P98000042699 1. Entity Name SAAL TRUST INVESTMENTS CORP. 05-15-2002 90079 012 ***150 00 Principal Place of Business Mailing Address 3343 NE 171 STREET 17001 GOUIDS AVENUE MIAMI FL 33160 2ND FLOOR **MIAMI FL 33160** 2. Principal Place of Business 3. Mailing Address ME 7001 COLLINS Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0839420 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 ROUSSO, MARK ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ROTH & ROUSSO, P.A. 9350 SOUTH DIXIE HWY, PH 2 MIAMI FL 33156 City Zip Code 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) 2 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DPVT Secretary TITLE ☐ Delete TITLE Change SAAL, JOSE NORBERTO NAME NAME STREET ADDRESS 17044 COLLINS AVENUE STREET ADDRESS 3343 NE MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE SAAL, JOSE NORBERTO NAME NAME 17044 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE __ Change Addition ☐ Delete

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.

STREET ADDRÉSS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO