2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 07, 2001 8:00 am DOCUMENT # P98000044084 **Secretary of State** ENVIROMED INTERNATIONAL, INC. 03-07-2001 90617 008 ***158.75 Mailing Address Principal Place of Business 1111 BRICKELL WAY DR. 1111 BRICKELL WAY DR. VITU APT 1502 APT 1502 MIAMI FL 33131 MIAMI FL 33131 4 . W 2. Principal Place of Business 3. Mailing Address IIII BENERELL BAY DRIVE IIII BEICKELL BAY Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0880254 MIAMI MIAMI Not Applicable Country 7in Country A. \$8.75 Additional 5. Certificate of Status Desired U.S. A. 3313 / 33/3/ Fee Required =6...Name and Address of Current Registered Agent ... 7._Name and Address of New Registered Agent. MARIO A MENDEZ INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, SUITE 3000 **MIAMI FL 33131** IIII BEICKELL BAY DRIVE, 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. (NOTE: Registered Agent signature required when reinstating) 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. After MAY 1, 2001 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. 12. TITLE Delete MENDEZ, MARIO A MENDEZ, MARIO A IIII BRICKELL BAY DRIVE, SUITE #1502 NAME STREET ADDRESS 5661 PINE TREE DRIVE STREET ADDRESS MIAMI, FL 33/31 CITY-ST-ZIP MIAMI BEACH FL 33140-2149 CITY-ST-7IP Change TITLE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 assemblement with an address, with all other like empowered.

1. MENDEZ