<u> 20</u>00 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000048304 Jun 05, 2000 8:00 am **Secretary of State** SOFITAL USA CORP 06-05-2000 90013 041 ***150.00 Principal Place of Business Mailing Address 9572 NW 41 STREET 9572 NW 41 STREET MIAMI FL 33178-2913 MIAMI FL 33178 行りひゅうさいら 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 65-0842403 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONNET, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 9572 NW 41 STREET MIAMI FL 33178 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 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. PTD TITLE ☐ Addition ☐ Delete TITLE **BONNET, JUAN CARLOS** NAME NAME STREET ADDRESS CRA 42, #165-68 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOGOTA, COLOMBIA** ☐ Change Addition ☐ Delete TITLE SUAREZ, ALBERTO NAME CRA 42, #165-68 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOGOTA, COLOMBIA** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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 the 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 ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 00100

Daytime Phone #