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FILED
Jul 30, 2002 8:00 am
Secretary of State
05-28-2002 91747 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000052888

1. Entity Name

DIVAX CORPORATION

DO NOT WRITE IN THIS SPACE

39947

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7967 N.W. 64 TH ST Suite, Apt. #, etc.	7967 N.W. 64 TH ST Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number: 65-0842478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RAUL PULIDO

Street Address (P.O. Box Number is Not Acceptable): 7967 N.W. 64 TH ST

City: MIAMI FL Zip Code: 33166

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D/P PULIDO, RAUL 7967 N.W. 64TH ST MIAM FL 33166	
D/VP GARCIA, CIRO A 7967 N.W. 64TH ST MIAMI FL 33166	
D/S MORENO, DORIS Y 7967 N.W. 64TH ST MIAMI FL 33166	DO NOT WRITE
D/T PULIDO, REYNA V 7967 N.W. 64 TH ST MIAMI FL 33166	IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 04.19.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #