## May 02, 2001 8:00 am Secretary of State

2001 UNIFORM	BUSINESS	REPORT (UBR	

DOCUMENT # P98000068813 1. Entity Name 05-02-2001 90042 050 \*\*\*150.00 RECCO INTERNATIONAL CORP. Principal Place of Business Mailing Address 7220 NW 36 STREET 501 BRICKELL KEY DR. SUITE 635 SYE 407 00046400 MIAMI, FL 33131 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address 7220 NW 36 STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. STE 635 Applied For 4. FEI Number City & State City & State MIAMI Not Applicable -Country --Zip\*\* Country ~ ~ `Zip --\$8:75 Additional 5. Certificate of Status Desired FL33166 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) OSPINA, HERNAN 7220 NW 36 STREET SUITE 635 Zip Code MIAMI, FL 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) CR2E034 (11/00) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12.  $\overline{PD}$ X Change DP X Delete TITLE TITLE OSPINA, HERRAN 7220 NW 36 STREET OSPINA, HERNAN NAME NAME 7220 NW 36 STREET STE 635 STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 OSPINA HERNAN CITY - ST - ZIP MIAMI, FL 33166 CITY - ST - ZIP Change Addition TITLE TITLE Delete NAME 501 BRICKELL KEY DR STE 407 NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY. - ST - ZIP. CITY - ST - ZIP -Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Change TITLE Delete 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 for on an attachment with an address, with all other like empowered. 3052702216 Hernan BOMA. SIGNATURE: Daytime Phone # TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date