FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State

04-02-2002 90973 048 ***150 00

R0057553

3. Mailing Address 2333 Brickell Av. 2. Principal Place of Business 2333 Brickell Av. Suite, Apt. #, etc. Suite, Apt. #, etc. 1705 1705 City & State City & State Miami-Fl Miami Zip Country Country 33129 Dade 33129 Dade

DO NOT WRITE IN THIS SPACE

DATE

Applied For Not Applicable

\$8.75 Additional

Zip Code 33129

Fee Required

DO NOT WRITE

IN THIS SPACE

LANTECH TRADING CORPORATION

Abrami, Juan J. Street Address (P.O. Box Number is Not Acceptable) 2333 Brickell Av #

4. FEI Number

65-0867248

5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

<u>Miami</u> 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. 9. This corporation is eligible to satisfy its Intangible

DOCUMENT #1

1. Entity Name

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

City

(NOTE: Registered Agent signature required when reinstating)

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

CR2E034B (12/01)

Tax filing requirement and elects to do so. Amended UBR is \$61.25 Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE Abrami, Juan J. NAME NAME 2333 Brickell Av. # 1705 STREET ADDRESS STREET ADDRESS Miami, Fl. 33129 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IF IN THIS SPACE TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 a

SIGNATURE: