SIGNATURE:

PA1912

Daytime Phone #

Date

	UNIFORM BUSI		RT	(UBR	<u>) </u>		10	V	
DOCUI 1. Entity Name	MENT # P9800	-u		-					
TF	ransworld co	MPUTER TRAI	ムエロ	G, I	NC.	FILED	io. IO		
Principal Place	o of Runings	Mailing Addross			00	AUG II AM	ID: 10		
Principal Place of Business Mailing Address					SE	CRETARY OF LAHASSEE, F	STATE FLORIDA		
	00 Johnson				TA	-EAHASSEE!	LOTTIL		
Но	llywood, FL	33020				•			
Principal Place of Business Mailing Address						•			_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	·	City & State				4. FEI Number 65-08	66786		oplied For ot Applicable
Zip	Country	Zip	Count	ry .	- '	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
German A. RUSSI R.				Street Address (P.O. Box Number is Not Acceptable)					
•	00 Johnson	_		Street Address (P.O. Box Number is Not Accep					
Hol		-							
				City				FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or re	egistere	ed agent, or both, in t	the State of Florida.		
SIGNATURE _									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered	Agent signature	required	when reinstating)	C	DATE	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	vili be \$55(0,00	Truet Fu	Campaign Financing nd Contribution.	+	00 May Be d to Fees
11.	OFFICERS AND		12.		ANT 2 (2000)	ADDITIONS/CHA	NGES TO OFFICERS		
	German A. Russ	i R. Deleté	TITLE					Change	☐ Addition
	2700 Johnson S'		B	ET ADDRESS ST-ZIP	-	700	000336 -08/18/00-	4337- 010540	3)27
TITLE	VID	☐ Delete	TITLE	·			****300.U	io etalo	D Addition
		ISSI (). T. #5	NAME STREE	ET ADDRESS		* %			
		3020	4	ST-ZIP	• "				
TITLE NAME	sitid Luz alesandra i	AUNOZ. Delete	TITLE NAME	- 1				Change	Addition
STREET ADDRESS	2700 Sohnson S	r. #5	B	ET ADDRESS					
CHY-ST-ZIP	Hollywood, FL	<u> 530 W</u>	#	ST-ZIP					
TITLE NAME	,	. LJ Delete	TITLE					☐ Change	Addition
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NAME		Delete	NAME				•		
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NAME STREET ADDRESS		1	NAME	ET ADDRESS				21	Op.
CITY-ST-ZIP			9	ST-ZIP		d		Ř.	5 P
indicated of the corr	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	true and accurate and that newered to execute this report	ny sionat	ure shall hav	e the s	ame legal effect as it	f made under oath: ti	hat Lam an officer	or director

NO DAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO: Div. of lorp.
P.O. Box 6327
Tallahassee, FL 32314

FROM: TRANSWORLD COMPUTER TRADING, INC. DOC. # P98000084130

As per your Instructions from the Div. of Corporations, I am enclosing the uniform business Report along with a check payable to the FL Dept. of State to properly up-date my corporation. Due to a change of Business & mailing address I never received first nor Second notice of such report. Please take this letter as an excuse to properly up-date the above mentioned Corporation this Letter please any questions regarding this Letter please don't hesitate to contact me. Thank you for your cooperation in this matter.

German A Russi R.