SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000088475** Mar 06, 2000 8:00 am **Secretary of State** DORSET INTERNATIONAL CORPORATION 03-06-2000 90085 035 ***150.00 Mailing Address Principal Place of Business 299 W HILLSBORO BLVD 299 W HILLSBORO BLVD DEERFIELD BCH FL 33441-3344 DEERFIELD BCH FL 33134 LUU32716. 2. Principal Place of Business 3. Mailing Address 299 W. HILLS BORO B DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0873313 DEELFIELD BCH. FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MELLADO **MEMADO**, GERARDO Street Address (P.O. Box Number is Not Acceptable) 299 W HILLSBORO BLVD DEERSFIELD BLVD FL 99134 Zip Code FL 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete RODRIQUEZ, JAVIER NAME 299 W HILLSBORO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33134 Addition Change TITLE ☐ Delete TITLE GERARDO VAZQUEZ- MELLADO NAME NAME 299 W. HILLS BOLD BLVD STREET ADDRESS STREET ADDRESS DEERFIELD OCH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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, or on an attachment with an address, with all other like empowered.

TAVIER RODUGUEZ 1/2/00