2/82/8/0 2000 UNIFORM BUSILIESS REPORT (UBR) May 22, 2000 8:00 am Secretary of State DOCUMENT # P98000099328 1. Entity Name KERIMO INC... 02-08-2000 90163 020 \*\*\*150.00 Principal Place of Business Mailing Address 100 N. BISCAYNE BLVD. 100 N. BISCAYNE BLVD. **SHITE 2904** SUITE 2904 MIAME FL 33132-2305 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Application \$8.75 Additional Country Zio Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENICHAY, BRIGITTE Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD. **SUITE 2904** MIAM) FL 33132 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 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  $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Change ☐ Deleta TITLE TITLE VEZIERS, JACQUELINE NAME NAME 19877 E COUNTRY CLUB DR., #3102 STREET ADDRESS STREET ADDRESS CRY-ST-7/P CITY-ST-ZIP AVENTURA FL 33180 \_::-Change TITLE TITLE Delete **VEZIERS, JULIEN** NAME NAME 19877 E COUNTRY CLUB DR., #3102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change .... TITLE Delete TITLE VEZIERS, GERARD NAME NAME 19877 E COUNTRY DR., #3102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip AVENTURA FL 33180 Ē... Chance TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-71P CITY-ST-ZIP Change Change MLE TITLE C Oelete NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZP 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 acceptate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or trustee empowered to exploit 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 prefairs empowered.

SIGNATURE: \_

SKINATURE AND TYPED OR PRINTED LANE OF DIGHTNO OFFICER OR DIRECTOR

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