2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000101485 Jul 19, 2000 8:00 am Secretary of State C. D. E. INTERNATIONAL, INC. 06-12-2000 90002 027 ***158.75 Principal Place of Business Mailing Address 8009 NW 36 ST STE 220 8009 NW 36 ST STE 220 MIAMI FL 33166-6627 MIAMI FL 33166-6627 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0879690 Not Applicable Country 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 CASTANEDA, DAVID E Street Address (P.O. Box Number is Not Acceptable) 8009 NW 36 ST MIAMI FL 33166-6627 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER-13, 2000 Min. will be \$750.00 Tax fiting requirement and elects to do so 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition **PVST** TITLE TITI F CASTANEDA, DAVID E NAME NAME 8009 NW 36 ST STE 220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33166-6627 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NOTE TO SERVER PARTITION OF THE TRA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2.5 \$P\$ 1995年 1997年 1 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director or tas required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does no indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address

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DOCUMENT # 098000 101485 1. Entity Name C. D. E. INTERNATIONAL, INC.			AHachment	
Principal Place of Business 8009 NW 36 STREET 8201 NW 66 STREET SUITE 220 SUITE 4			308489	
miAmi, FL 33166.6627 MiAmi, FC 33166				
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 - 087 9690	Applied For Not Applicable
Zip Country Zip		Country	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
CASTANEDA, DAVID E. Sireet Address				
8009 NW 36STREET Street Address			(P.O.: Box Number is Not Acceptable) =-	
SUITE 220				
MIAMI, FL 33166-6627		City	Fl	Zip Code
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				
TO A CONTROL OF THE PARTY OF TH		FEE IS \$150.00 Fee will be \$550.00 to Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Ba Added to Fees
11. OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE PYST D NAME CASTANEDA, DAVID STREET ADDRESS 8009 NW 30 STR CITY-ST-ZIP MIAMIL FL 331	eer #770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	: *	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS COTY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	☐ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filling poes 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 end excurate 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 end by the exemption 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 a prince of the exemption of the corporation of the receiver or trustee end by the end of the exemption of the exe				