2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

DOCUMENT # P98000107964 00 APR 25 PM 2: 02 AMERICAS GLOBAL TRADERS, INC. SEGRETARY OF STAFE TALEA HASSEE, FLORIBA Mailing Address Principal Place of Business 351 SOUTH CYPRESS ROAD 351 SOUTH CYPRESS ROAD SUITE 100 POMPANO BEACH FL 33060 POMPANO BEACH FL 33431-7419 DO NOT WRITE IN THIS SPACE Suite Apt # etc Applied For 4. FEI Number Not Applicable **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing 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. ☐ Addition **PSTD** ☐ Delete TITLE TITLE TOSCANO, FRANK NAME NAME 351 SOUTH CYPRESS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANN CITY-ST-ZIP POMPANO BEACH FL 33060 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE. 500003229745---4 NAME NAME -04/28/00--01111--011 STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 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 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 office 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

CR2E004 (1)(1)

00 561-995-000 Daytime Phone # Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, Man Description of America's Global

Traders, Inc, hereby grant to my Agent, Victor Lerro of Victor

Lerro & Company PA the right to prepare and sign in the signature

Report on behalf of America's Global Tradors, Inc.. This Power of

area the Florida Department of State Profit Corporation Annual

Attorney shall become effective immediately, and shall continue

until revoked by me in writing.