2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900000449 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name G. B. GOLD CORPORATION 04-03-2000 90156 003 ***150.00 Principal Place of Business Mailing Address 520 BRICKELL KEY DR., STE. 0-305 520 BRICKELL KEY DR., STE. 0-305 MIAMI FL 33131 MIAMI FL 33131-2619 2. Principal Place of Business 3. Mailing Address 570 Modurgo Aug 1570MADRUGAUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Kables Not Applicable 65-0889654 \$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 Parajon FREEMAN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR., STE. 0-305 MIAMI FL 33131 1570 MADRUBA ADE Ste 200 CORAL GABLES 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. Yarajon 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. **X**Change ☐ Addition TITLE ☐ Delete TITLE D/P/S PARAJON, LUIS NAME NAME Parajon, Luis STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 520 Brickell Key Drive, Suite 0-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Miami Fl 33131 Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR