2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2002 8:00 am Secretary of State P99000000768 DOCUMENT # 1. Entity Name ALL WORLD OFFICE PAPER INC. 03-22-2002 90013 039 ***150.00 Mailing Address Principal Place of Business 5151 NW 74 AVENUE 5151 NW 74 AVENUE MIAM1 FL 33166 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0885670 Not Applicable Country \$8.75 Additional Zip Zip Country Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORENO, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 14915 SW 80 ST **APT 218** venue Zip Code 33166 **MIAMI FL 33193** 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 Murch 08. 2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 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 11. Change ☐ Addition TITLE TITLE MORENO, GUSTAVO NAME NAME STREET ADDRESS 14915 SW 80 STREET, APT 218 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE PEROZO, LUIS NAME NAME STREET ADDRESS 5151 NW 74TH AV STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP Change - Addition Vice president - - 🖸 Delete TITLE TITLE NAME NAME Rodrigo Camurgo STREET ADDRESS STREET ADDRESS 5151 NW 74 Avenue CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : 🗌 Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS

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 all address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRIN