2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 08:00 AM DOCUMENT # **P9900009338 Secretary of State** INTERNATIONAL TRAINING RESOURCES, INC. Principal Place of Business Mailing Address 100 NORTH BISCAYNE BOULEVARD 100 NORTH BISCAYNE BOULEVARD NEW WORLD TOWER - 21ST FLOOR NEW WORLD TOWER - 21ST FLOOR MIAMI FL MIAMI FL 33132 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0891191 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREDERICK JR. 100 NORTH BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) NEW WORLD TOWER - 21ST FLOOR MIAMI 33132 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. 05/01/2000 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CAICEDO-ESTELA MARIA NAME STREET ADDRESS 798 CRANDON BLVD. #54 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE 33149 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ENGEL. JOSE M NAME STREET ADDRESS AVENIDA 5 OESTE NO. 2-83 STREET ADDRESS CITY-ST-ZIF CALL COLOMBIA CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME CAICEDO-ESTELA PILAR NAME STREET ADDRESS AVENIDA 5 OESTE NO. 2-83 STREET ADDRESS CITY-ST-ZIP CALI, COLOMBIA CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 an address, with all other like empowered.

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