2001, UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P9900015445 1. Entity Name INTERNATIONAL BIOSCIENCE CORPORATION 03-13-2001 90080 043 ***158.75 Principal Place of Business Mailing Address 777 S FLAGLER DR 777 S FLAGLER DR #909 *EAST* #909 EAST WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 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 65-0894423 Not Applicable Zip Country Zip 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 HKE&F REGISTERED AGENT CORP. Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DR., STE. 600 MIAMI FL 33133 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change XX Addition TITLE ☐ Delete THORNBURGH, DAVID B NAME NAME Ferro, Carla STREET ADDRESS STREET ADDRESS 426 W SAN MARINO DR 262 Worth Court So. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139-1136 West Palm Beach, Fl. 33405 TITLE Change Addition ☐ Delete TITLE GOMEZ, SARA NAME NAME Ferrari, Andrea 205 Edmor Rd. STREET ADDRESS 262 WORTH CT S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 West Palm Beach, Fl. 33405 TITLE Change ☐ Addition ☐ Delete TITLE FIGUERIRO, JOAO A B NAME NAME STREET ADDRESS STREET ADDRESS 777 S FLAGLER DR #909 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change Addition TITLE ☐ Delete TITLE FERRARI, ROSANNA NAME NAME STREET ADDRESS STREET ADDRESS 258 WORTH CT S CITY-ST-ZIP CITY-ST-ZiP WEST PALM BEACH FL 33405 ☐ Change ☐ Addition XX Delete TITLE TITLE MALAGON, OONAJA NAME NAME STREET ADDRESS STREET ADDRESS 1820 NE 189TH ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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 bath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my rame appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED