2000 UNIFORM BUSINESS REPORT (UBR) FILED P99000017916 CUMENT # Jun 07, 2000 8:00 am Secretary of State **Entity Name** WORLD MERCHANDISE, INC. 06-07-2000 90429 023 ***150.00 Mailing Address :--: Flace of Business 13848 SW 153rd Terrace 13848 SW 153rd TERRACE MIAMI, FL 33177 MIAMI, FL 33177 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0911049 Not Applicable Zip Country Zio 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 VICTOR HUGO ARCINIEGAS Street Address (P.O. Box Number is Not Acceptable) 13848 SW. 153rd TERRACE 33177 MIAMI, FL Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee Will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Chack Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change Delete TITLE. NAME Y3848°s#UGS3ABCTRIEGAS STREET ADDRESS MIAMI, FL 33177 CITY-ST-ZIP ST ZiP ☐ Addition Treasure Triana Delete TITLE Change NAME 13848 SW 153rd TERRACE STREET ADORESS 33177 MIAMI, FL CITY-ST-ZIP ST ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ST-7IP ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS CITY-ST-ZIP ST ZIO Addition Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS CITY-ST-7IP ST ZIP Addition ☐ Delete TITLE Change Change МАМЕ STREET ADDRESS 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 five 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 rustee 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR