2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P99000021788 1. Entity Name 03-24-2002 90091 028 ***150.00 ENGINE DEPOT INTERNATIONAL CORP. Principal Place of Business Mailing Address 200-177 DRIVE BLDG. 200-177 DRIVE BLDG. #3 APT. 401 #3 APT, 401 SUNNY ISLES FL 33160-2843 SUNNY ISLES FL 33160-2843 2. 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 NOT APPLICABLE Not Applicable 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 SANTOS, JORGE L Street Address (P.O. Box Number is Not Acceptable) 200-177 DRIVE BLDG. #3 APT. 401 SUNNY ISLES FL 33160-2843 City Zio Code 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, 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME SANTOS, JORGE L STREET ADDRESS STREET ADDRESS 200-177 DRIVE BLDG. 3 APT. 401 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES FL 33160-2843 TITLE ☐ Delete Change ... Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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

SIGNATURE:

changed, or on an attachment

an address, with all other like empowered.

FILED