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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE:

Feb 15, 2001 8:00 am **DOCUMENT # P99000024633** Secretary of State 1. Entity Name TRADE WARE AMERICAS, CO. 02-15-2001 90096 042 ***150.00 Principal Place of Business Mailing Address 440 NW 101 TERRACE 440 NW 101 TERRACE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 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 65-0925442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEJANDRINA G. CRUZ CRUZ, ALEJANDRINA G Street Address (P.O. Box Number is Not Acceptable) 782 NW LE JEUNE RD., 440 NW 101 TERRACE PEMBROKE PINES FL 33026 SUITE 439 City MIAMI 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 02-12-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE D/P/T CARRERA, JUAN I NAME NAME CARRERA, JUAN I. 440 NW 101 TERRACE STREET ADDRESS STREET ADDRESS 440 NW 101 TERRACE PEMBROKE PINES, FL. 33026 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 TITLE ☐ Delete TITLE M Change ☐ Addition CARRERA, CRISTINA M. 440 NW JOI TERRACE PEMBROKE PINES, FL. 33026 CARRERA, CRISTINA M NAME NAME STREET ADDRESS 440 NW 101 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P PEMBROKE PINES FL 33026 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete ☐ Addition Change TITLE 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplemed a report is true and faccurate 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 troused impowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

JUAN I.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR