2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000024708 May 16, 2000 8:00 am Secretary of State TELLUS CORP. 05-16-2000 90566 046 ***150.00 Mailing Address Principal Place of Business 1921 SW 90 AVE. 1921 SW 90 AVE. MIAMI FL 33165-8245 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business 1350 EAST MAIN STREET 1350 EAST MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite A-2 Surre City & State Applied For 4. FEI Number City & State 65-0908981 BALTOW Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33830 USA 3**3**830 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERGIO B. SEDANE SALTOS, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 1032 OBISPO AVE. CORAL GABLES FL 33134 4935 /RINWOOD THAIL or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named er SERGIO B. SEAGNE PRESIDENT SIGNATURE 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, 2000 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 12. 11. Change ☐ Delete TITLE SERGIO B. SEDANE 4935 /RONWOOD TRAIL SEOANE, SERGIO B NAME STREET ADDRESS 7588 WARNER AVE. STREET ADDRESS BAMBW. FLORWA 33830 CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO 63117 ■ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 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 Notee 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.

SIGNATURE:

SIGNATURE MY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/271

(863) 519-9661

Daytime Phone #