2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE

FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # P99000038236 ENGINEERING & NEW TECHNOLOGIES OF AMERICA, INC. 02-26-2001 90497 039 ***150.00 Principal Place of Business Mailing Address 7410 SW 48TH STREET 7410 SW 48TH STREET STE A STE A MIAMI FL 33155 814461 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0915746 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADILLO, SANTIAGO J Street Address (P.O. Box Number is Not Acceptable) 4004 BRICKELL BAY DRIVE STE 1704 MIAMI FL 33134 Zip 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 DATE (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 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 12. 11. ☐ Addition ☐ Delete TITLE TITLE CELANT, JEAN JACQUES NAME NAME STREET ADDRESS STREET ADDRESS 777 BRICKELL AVENUE SUITE 500 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Change ☐ Delete TITLE TITLE SAICUES, DAMIEN NAME NAME 7410 SW 48TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-78 **MIAMI FL 33173** Change ☐ Addition --- Delete TITLE TITLE NAME 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-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 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 trusteet 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.

THE OF SIGNING OFFICER OR DIRECTOR

JEAN JACQUES CAMME 02/18/57