2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000038521 May 23, 2000 8:00 am Secretary of State TRADECO INTERNATIONAL, INC. 05-23-2000 90267 010 ***150.00 Principal Place of Business Mailing Address 9741 FOUNTAINBLEAU BLVD. 9741 FOUNTAINBLEAU BLVD. NO. 210 NO. 210 MIAMI FL 33172-6721 **MIAMI FL 33172** 2. Principal Place of Business 3. Mailing Address 9715 FONTAJHEBLEAU RIVD P.O. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ap. #, etc. 4. FEI Number 65- 09 City & State City & State Applied For MIAM NIAM Not Applicable Country S.A. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---LOPEZ-CECILIA-Street Address (P.O. Box Number-is Not Acceptable)___ 9741 FOUNTAINBLEAU BLVD. 9715 FONTAINEBLEAU BLVD. NO. 210 **MIAMI FL 33172** 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 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. LOPEZ, CECILIA TITLE Li Delete TITLE [] Change ☐ Addition 9715 LOPEZ, CECILIA NAME NAME 9715 FONTAINEBLEA BLUD MIAM! FI. 33172 STREET ADDRESS F. 20741 FOUNTAINBLEAU BLVD. #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 trustee empowered to execute this eport 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

04-98-00 (305)553492

Daytime Phone #

Change

Change

☐ Addition

☐ Addition