2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 05-06-2004 90161 015 ***150.00 DOCUMENT # P99000043996 FMR INTERNATIONAL CORP. 54052736 Principal Place of Business Mailing Address -5055-00LLINS AVE; SUITE 12-N SOSS-COLLINS-AVE-SHITE-12-N MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Mailing Address 5025 Collins Avenue 5025 Collins Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 05042004 Cha-P CR2E034 (10/03) Suite #1404 Stuie #1404 Applied For City & State Miami Beach, Florida 4. FEI Number City & State Miámi Beach, Florida 65-0932355 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USÁ 33140 33140 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEJERA, RICHARD E Street Address (P.O. Box Number is Not Acceptable) ST. GEORGE & TEJERA 1735 PONCE DE LEON BLVD CORAL GABLES, FL 33134 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE REHMATWAIA, FAROOQ M NAME NAME STREET ADDRESS STREET ADDRESS 6055-COLUNG-AVE-SHITE-12-N CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE. REHMATWALA, FAROOQ M NAME NAME 5025 Collins Avenue, Suite#1404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Beach, Florida 33140 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 supplementar top on its 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 of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment SIGNATURE:

OF SIGNING DEFICER OR DIRECTOR

FILED

May 06, 2004 8:00 am

Daytime Phone #

P99000043294



Farooq M. Rehmatwala

Please note change of address.

Application was mailed to previous address.

Thank you for your consideration.

FALLAT