2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am DOCUMENT # P99000048344 1. Entity Name **Secretary of State** M. S. TRADING GROUP, INC. 05-12-2001 90035 024 ***150.00 Principal Place of Business Mailing Address 12233 SW 132 COURT 12233 SW 132 COURT MIAMI, FL 33186 MIAMI, FL 33186 C0063027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0924464 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAVIGNANO, SALVATORE 12233 SW 132 COURT MIAMI, FL 33186 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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE D SAVIGNANO, SALVATORE NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE D CARINI, FRANCO NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE · D BERTOLDI, ANTONIA NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE FERRO, COSIMO D NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 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 trustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/001

Daytime Phone #