2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2002 8:00 am Secretary of State P99000048344 DOCUMENT # 1. Entity Name M.S. TRADING GROUP INC. 01-16-2002 90092 037 ***158.75 Principal Place of Business Mailing Address 12233 SW 132 COURT 12233 SW 132 COURT .: MIAMI FL 33186 MIAMI FL 33186 ... 3. Mailing Address 2. Principal Place of Business 122 AVI 821 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924464 **VI** / PHM I Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MI PMI - PM Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVIGNANO, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 12233 SW 132 COURT **MIAMI FL 33186** Zip Code City FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition SAVIGNANO, SALVATORE NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition **☑** Delete TITLE CARINI, FRANCÓ NAME NAME 12233 SW 132 COURT MIAMI FL 33186 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition |Bertoldi, àntónia NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI FL/33186. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition ferro. Cosi**m**ø NAME NAME 12233 SW 132 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 38186\ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME 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 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 to the corporation of the corporat

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SALVATORE 1-08/2002 (305) 389-604