FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90125 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060406

1. Entity Name

SH INTERNATIONAL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1012 NE 203 LN		1012 NE 203 LN	
Suite, Apt. #, etc. 17 FLOOR		Suite, Apt. #, etc. 17 FLOOR	
City & State MIAMI FL		City & State MIAMI FL 33179	
Zip 33131	Country USA	Zip 33179	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 522184139 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRIEDHOFF, JOHN
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 STREET
17 TH FLOOR
City MIAMI FL Zip Code 33179

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] JACQUELINE SOARES

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	BOMENY, N	NAME	
STREET ADDRESS	1012 NE 203 LN	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BOMENY, GUILHERME	NAME	
STREET ADDRESS	1012 NE 203 LN	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Guilherme Bomeny - Vice Pres. 04/29/02 305 2497080

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #