2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000065708 1. Entity Name VITCO INTERNATIONAL, INC.						FILED Apr 29, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address		<u> </u>					-	
MIAMI 33015	FL	MIAMI 33015		FL						
2. Principal Pi	lace of Business AKES DR.	3. Mailing Address 7430 MIAMI LAKES DR.								
Suite, Apt. E106		Suite, Apt. #, etc.	E106			DO NOT WRITE IN THIS SPACE				
City & State MIAMI LAKES FL		City & State MIAMI LAKES	MIAMI LAKES			FEI Number 5-0953087			applied For Not Applicable]
Zip 33014	Country	Zip 33014	Coun	try	5.	Certificate of Status Desi		8.75 Adee Requir		
	6. Name and Address of Curre	nt Registered Agent			7.	Name and Address of N			<u> </u>	1
VITERI CAROL 19134 NW 81ST PLACE					CARO idress (P.O. E AMI LAKES	DL Box Number is Not Accep	table)		<u> </u>	_
MIAMI		FL		E106						1
33015	US			City MIAMI I	AKES		FL	Zip Co	de	1
8. The above	named entity submits_this statement	for the purpose of changing its r	egistere			gent, or both, in the State		33014		1
SIGNATURE _	CAROL VITERI Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registere	d Agent signatu	re required when r	reinstating)	- 04/29/2	2001		
Tax filing re (See criter	oration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	After MAY 1, 200	1 Fee	will be \$5	50.00	10. Election Campaig Trust Fund Contri		\$5. ! Adde	00 May Be ed to Fees	
11.	OFFICERS AN	ND DIRECTORS	12.	. 1		ODITIONS/CHANGES TO]_
TITLE NAME	VITERI CLARA	∟ Delete	TITLE		D VITERI	CLARA	Ţ	Change Change	Addition	1/00
STREET ADDRESS CITY-ST-ZIP	19134 N.W. 81ST PLACE MIAMI	FL 33015		ET ADDRESS - ST-ZIP	7440 MIAN MIAMI LA	II LAKES DR. F106 KES	FL 3	3014		:034 (11/00)
TITLE	D	☐ Delete	TITLE		D			Change	☐ Addition	CRZE
NAME	VITERI CAROL	,	NAM	E	VITERI	CAROL	•	<u></u> +go		0
STREET ADDRESS CITY-ST-ZIP	19134 N.W. 81ST PLACE MIAMI	FL 33015		et address - St-Zip	7430 MIAN MIAMI LA		FL 3	3014		
TITLE		☐ Delete	TITLE					Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP				et address -st-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			. <u> </u>		Ţ.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	☐ Addition	
of the corp	certify that the information supplied we on this report or supplemental repor poration or the receiver or trustee em or on an attachment with an address URE:CAROL VITERI	powered to execute this report a			ave the same pter 607, Flor		nder oath; that I am name appears in E			

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR