2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2001 8:00 am DOCUMENT # P99000068699 1. Entity Name Secretary of State STAR SOFT USA INC. 02-26-2001 90533 038 ***150.00 Mailing Address Principal Place of Business 501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE SUITE 507 SUITE 507 C0024613 MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address KEY DRIVE Sol Bricken 501 Brickell key drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 104 SUITE シリオモ Applied For City & State 4. FEI Number City & State 65-0939339 F١ Not Applicable MIRWI Mirmi Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 4 2U Fee Required ろろりるし US A-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROCE, CLAUDIU TORNOVSKY, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1408 BRICKELL BAY DRIVE **APT 206** 104 MIAMI FL 33:131 Zip Code 3513 Mianni statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name hits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable 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 CR2E034 (10/00) ☐ Addition TITLE TITLE ☐ Delete CABRAL, WALTER" D NAME NAME CABAL, WALTER D STREET ADDRESS STREET ADDRESS 7110 NW 112 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 ☐ Addition Change □ Delete TITLE TITLE ٧. NAME GILIOLI, SILMARA B NAME STREET ADDRESS STREET ADDRESS 7110 NW 112 COURT CITY-ST-ZIP CITY-ST-ZIE MIAMI_FL_33178 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME TORNOVSKY, DANIEL STREET ADDRESS STREET ADDRESS 1408 BRICKELL BAY DR., #206 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 DIRECTOR Addition Delete TITLE roce, claudio NAME NAME SUITE DRIVE SOI BRICKELL KEY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 35131 CITY-ST-ZIP MIAM. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE TITLE ☐ Change ☐ Addition ☐ Delete 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 trusiee embowered 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE