2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2001 8:00 am DOCUMENT # P99000071902 Secretary of State BASTIE INTERNATIONAL ENTERPRISE INC. 03-20-2001 90035 049 ***150.00 Principal Place of Business Mailing Address 721 SE 17TH STREET 721 SE 17TH STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address c/o Philippe Bran co Philippe Brian 205 Work Ave 205WORTH AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Beach 4. FEI Number Applied For 65-0943309 Not Applicable Country Beach Palm Beach \$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 Philippe Brian LAMOTHE, FERNAND Street Address (P.O. Box Number is Not Acceptable) 721 SE 17TH STREET FORT LAUDERDALE FL 33316 SUITE 307C Palm Beach ⁷48480 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. 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 TITI F ☐ Delete TITLE DPST Change | ☐ Addition BASTIE. GILLES Gilles Bashe NAME NAME STREET ADDRESS 6606 VILLA SONRISA APT 921 STREET ADDRESS 119 Adobe Circle CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME . NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRUSIDENT Mard 13,2001 (561) 748 8031