FLEXES TRADING, INC.						04-30-2001 90332 025 ***150.00			
Principal Place of Business 8450 N.W.68TH STREET BAY 6 MIAMI FL 33166			Mailing Address 8450 N.W.68TH STREET BAY 6 MIAM! FL 33166			ยูบ***			
2. Principal Place of Business 9551. FONTAINEBLEAU BLVD.			3. Mailing Address 3400 CORAL WAY,				46 101 1 000 1 BUILD (1816 1	ICHIA ICAN IAAC	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
#9–61 1			SUITE #600			SO NOT WHITE IN THIS OF AGE			
City & State MIAMI, FLORIDA,			City & State MIAMI, FLORIDA,			65-0952953	<u> </u>	pplied For lot Applicable	
Zip Country 33172–6864 U.S.A.		•	Zip Country 33145–3053 U.S.A.		5	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent			
8450 BAY	ES, FRANCI N.W.68TH 6 /II FL 33166	STREET		95 MI	Address (P.O	D. Box Number is Not Acceptable) NTAINEBLEAU BLVD		oe 2–6864	
SIGNATURE Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00 \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RANCISCO . 114TH AVENUE #104 33178	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		FONTAINEBLEAU B I, FLORI <u>DA 33172</u>		☐ Addition	
TITLE			☐ Delete	TITLE	SECRE	ETARY	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP		CIA STELLA ZULUAC FONTAINEBLEAU BI FLORIDA 33172-		L 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY*ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	Addition	
13. I hereby o	certify that the	information supplied vivi	his filing does not malify for	the exemption s	tated in Section	on 119.07(3)(i), Florida Statutes. I furt	her certify that the	information	

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075262

indicated on this report or supplied that the information state in Section 119.07(3)(i), Florida Statutes. I turner certify that the information indicated on this report or supplied that it 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 receive or this teampowered 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 incurrence with all other like empowered.

SIGNATURE:

FRANCISCO REYES NO TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

02-20-01

305-446-2055

Daytime Phone #