04/26/2000 09:51 305-442-7268 JN ACCOUNTING

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90081 005 ***150.00

DOCUMENT # P99000077213

1. Entity Name
F.R.S.M International, Inc.

Principal Place of Business — Mailing Address
14202 Belmont Trace
Wellington, FL 33414

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip — Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-094-7820 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Jose A. Torres
4822 North West, 107 Place
Miami, FL. 33178

7. Name and Address of New Registered Agent
Name: Fernando L. Fabregas
Street Address (P.O. Box Number is Not Acceptable): 14202 Belmont Trace
City: Wellington FL Zip Code: 33414

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: Fernando Fabregas — Date: 4/27/2000
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Fernando L. Fabregas 14202 Belmont Trace Wellington, FL 33414	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P - Treas. Rose M. Fabregas 14202 Belmont Trace Wellington, FL 33414	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fernando L. Fabregas — Date: 4/27/2000 — Daytime Phone #: (561) 791-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR