2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2001 8:00 am DOCUMENT # P99000102006 Secretary of State R TRADE INTERNATIONAL, INC. 05-01-2001 90035 006 ***150.00 Principal Place of Business Mailing Address 7850 N.W. 146 ST., SUITE 432 7850 N.W. 146 ST., SUITE 432 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address 17 HAVENWOOD TRAIL 17 HAVENWOOD TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0965180 ORMOND BEACH, FL ORMONO BEACH, FL Not Applicable Country Zip . Country "Zip. ... -.. \$8.75-Additional 5. Certificate of Status Desired 32174 USA 32174 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAMMONO SANCHEZ SANCHEZ, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 11248 N.W. 14TH COURT PEMBROKE PINES FL 33026 17 HAVENNOOD TRAIL City Zip Code 32174 OPMOND BEACH 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 4-26-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) iskred 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change Delete TITLE TITLE SANCHEZ, RAYMOND SANCHEZ, RAYMOND NAME NAME 17 HAVENUNDUD TRAIL 11248 N.W. 14TH COURT STREET ADDRESS STREET ADDRESS DRIMOND BEACH. FL 32174 PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST_ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR