FILED Aug 25, 2002 8:00 am Secretary of State

WHO SUPPRIOR

DOCUMENT # P99000102453 1. Entity Name 08-25-2002 90195 035 ***158.75 CONTINEX INTERNATIONAL, CORP Principal Place of Business Mailing Address B0134865 7100 SW 30 ROAD 7100 SW 30 ROAD MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0963022 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTALVO, LIZZETTE Street Address (P.O. Box Number is Not Acceptable) 7100 SW 30 ROAD MIAMI FL 33155 Zip Code 8. The above named e statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE ne of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MONTALVO, LIZZETTE NAME STREET ADDRESS 7100 SW 30 ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP. TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

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 this be 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 all other like empowered.

SIGNATURE: ≥

2002 UNIFORM BUSINESS REPORT (UBR)

all almons

P99000102452

CONTINEX~INT'L.Corp._

7100 S.W. 30th ROAD

Miami, Florida 33155 Te. (305)264-6500/Fx.264-7699

TO: DIVISION OF CORPORATIONS

8/19/02

UNIFORM BUSINESS REPORT FILINGS

P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

I have enclosed with the 2002 UNIFORM BUSINESS REPORT (UBR) our check # <u>1248</u>, for the amount of: <u>\$158.75</u> (which includes the Certificate of Status Desired).

Please note: I had contacted a representative of the Division of Corporations due to that I did not receive the previous form and was advised to send the \$150 dls with this letter in writing included with this form.

Thank you sincerely,

Lizzette Montalvo President