2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am⁸ Secretary of State P99000109165 DOCUMENT # 1. Entity Name 05-03-2002 90052 007 ***150 00 CAPITAL TRENDS HOLDING, CORP. Principal Place of Business Mailing Address 1460 BRICKELL AVENUE 1460 BRICKELL AVENUE **SUITE #212 SUITE #212 MIAMI FL 33131 MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0972654 Not Applicable Zip -Country \$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 Name CHOLOBEL, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1460 BRICKELL AVENUE **SUITE #212** MIAMI FL 33131 City Zip Code 8. The above named exitity so bmits this statement fo the purpose of changing its registered office or registered agent, or both, in the State of Florida CHAEL CHOLOBER SIGNATURE ited name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOIZZO, ANTONIO NAME STREET ADDRESS LARGO F.S. NITTI 39 STREET ADDRESS 70022, ALTAMURA, BARI, ITALY CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST=ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change - 🖃 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE *: ☐ Delete TITLE Change ☐ Addition NAME NAME STREST ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

CITY-ST-ZIP

AMTONIO WITTO PRESIDENT

FILED