2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # \$30069** 1. Entity Name TRANSOCEANIC TRADE CORP. 05-14-2001 90066 045 ***150.00 Mailing Address Principal Place of Business 7527 W 24TH AVENUE 8372 NW 143RD TERRACE HIALEAH FL 33016 MIAMI LAKES FL 33016 972656 HS 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 65-0244903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTILLO, XIOMARA J. Street Address (P.O. Box Number is Not Acceptable) 8372 NW 143RD TERRACE MIAMI LAKES FL 33016 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition MGM Delete TITLE HERNANDO, OJEDA NAME STREET ADDRESS STREET ADDRESS 8618 NW 66 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Change TITLE ☐ Addition ۷Ď **X** Delete TITLE GUZMAN, LUIS E NAME NAME STREET ADDRESS STREET ADDRESS 8618 NW 66 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33166 ☐ Addition TITI F TITLE T\$----_1_! Delete NAME DE CASTILLO, ANTONIA NAME STREET ADDRESS STREET ADDRESS 8372 NW 143RD TERRACE CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL 33016 Change ■ Addition TITLE ☐ Delete NAME OMIBA NW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP を(・33616 Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 corporation or the corporation or the corporation of the corporation of

SIGNATURE: