2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2000 8:00 am Secretary of State **DOCUMENT # V05732** 1. Entity Name . LIMA TRADING, INC. 01-31-2000 90011 017 ***158.75 Principal Place of Business Mailing Address 25 SE 2ND AVE. 25 SE 2ND AVE. SUITE 305 SUITE 305 MIAMI FL 33131-1509 MIAMI FL 33131-1509 C0014484 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0369151 Not Aprille Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIMA, PAULO ROBERTO 25 SE 2ND AVE. SUITE 305 MIAMI FL 33131-1509 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.., OFFICERS AND DIRECTORS 12. TITLE Addition Delete TITLE LIMA, PAULO ROBERTO NAME NAME 25 SE LND AVE SUITE 305 STREET ADDRESS STREET ADDRESS 25 SE 2ND AVE. SUITE 305 FL 33/31-1509 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-1509 TITLE Addition Delete LIMA, SOLANGE TITLE LIMA, SOLANGE-M-NAME NAME 25 SE LND AVE SUITE 305 25 SE. 2ND AVE. SUITE 305 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131-1509 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131-1509 ☐ Change " Addition Delete Delete TITLE TITLE LIMA, PAUL M NAME 25 SE 2ND AVE. SUITE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-1509 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 truetee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-7/P

R PRINTED NAME OF SIGNING OFFICER

☐ Delete