2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2001 8:00 am Secretary of State **DOCUMENT # V50229** 1. Entity Name 05-22-2001 90792 044 ***150 00 INTERFARMA CORP. Principal Place of Business Mailing Address 13082 SW 132ND, COURT 13082 SW 132ND COURT MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0340317 Not Applicable Zip Country : 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 CASTILLO, RIDEL B. Street Address (P.O. Box Number is Not Acceptable) 11845 SW 125TH COURT **MIAMI FL 33186** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE NAME CASTILLO, RIDEL B. STREET ADDRESS STREET ADDRESS 11845 SW 125 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Addition ☐ Change □ Delete TITLE NAME NAME CASTILLO, PATRICIA STREET ADDRESS STREET ADDRESS 11845 SW 125 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change Addition ☐ Delete TITLE TITLE 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 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #