CR2E034 (9/99)
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2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 584241 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** LA MIA MARKET, INC. 03-28-2000 90082 035 ***158.75 Mailing Address Principal Place of Business 3001 N.W. 17 AVENUE 3001 N.W. 17 AVENUE MIAMI FL 33142 MIAMI FL 33142-6158 2. Principal Place of Business PO BOX 47-0471 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1919034 Not Applicable MIMI. \$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 BARRIOS .\DS€ OINGINA Street Address (P.O. Box Number is Not Acceptable) BARRIOS, JOSE ANTONIO 3003 SW 18 ST MIAMI FL 33145 33139 4L MIAMI BEACH. Zip Code 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) Signature, typed or printed 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, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE BARRIOS, JOSE ANTONIO NAME > 380 SOUTH HIBISCUS DRIVE NAME STREET ADDRESS STREET ADDRESS 3003 SW 18 ST > MIAMI BEACH, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Additio ☐ Delete TITLE TITLE BARRIOS, LYDIA NAME 380 SOUTH HIBISCUS DAINE 3003 SW 18 ST STREET ADDRESS STREET ADDRESS MIAMI BEAZY, LL CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ■ Addition ☐ Delete TITLE TITLE BARRIOS, JOSE ANTONIO J NAME NAMÉ 380 SOUTH HIBISCUS DAINE STREET ADDRESS 3003 SW 18TH ST STREET ADDRESS CITY-ST-7IP MIAMI BOARH, KE 33135 CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ De'ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De'ete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATUR