FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State **DOCUMENT # 641697** 05-15-2001 90202 009 ***150.00 AMERICAN GENERAL DISTRIBUTORS, CORP. Principal Place of Business Mailing Address 238 SW 22 AVE 238 SW 22 AVE MIAMI FL 33135 **MIAMI FL 33135** 00053542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1950463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOVO, JUAN Street Address (P.O. Box Number is Not Acceptable) 4470 S.W. 2nd STREET 1358 N.W. FIRST STREET **MIAMI FL 33125** City MIAMI Zip Code 33134 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NOVO, JUAN NAME STREET ADDRESS 1358 N.W. FIRST ST. STREET ADDRESS 4470 S.W. 2nd STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI, FLORIDA 33134 Delete TITLE Change ☐ Addition TITLE NOVO, ROBERTO NAME NAME 4470 S.W. 2nd STREET STREET ADDRESS 1350 N W 1ST STREET ADDRESS MIAMI, FLORIDA 33134 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition 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

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empower

Daytime Phone #