2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # F03100 1. Entity Name 04-30-2002 90197 029 ***158.75 GREAT-IMPORT & EXPORT, CORP. Principal Place of Business Mailing Address 2594 W 84TH ST 2594 W 84TH ST MIAMI FL 33016 MIAM) FL 33016 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 59-2166316 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 TOBON, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 630 WILLOW BEND ROAD WESTON FL 33327 City Zip Code 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT, BECRETARY ☐ Delete TITLE Change | ☐ Addition TOBON, JUAN CARLOS NAME JUAN CAPLOS TOBON NAME STREET ADDRESS 2950 N.W. 75TH AVENUE 630 WILLOW BEMO PD. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP WESTON, FL 33327 Delete TITLE TITLE ☐ Change Addition NAME KOSLOW, LAWRENCE E NAME STREET ADDRESS 100 NORTH 6THSTREET, STE. 300A STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55402 CITY-ST-ZIP EXECUTIVE VP ☐ Delete TITI F Change ☐ Addition NAME PATRICIA SVAREZ SUAREZ, PATRICIA STREET ADDRESS 630 WILLOW BEND RD 630 WILLOW BEND RD. STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP WESTON, FL 33327 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/16/02

(305)3622722

Daytime Phone #

FILED