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2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 16, 2003 8:00 am Secretary of State DOCUMENT # L02000016550 04-16-2003 90035 027 ****50.00 DRACO TEXTILES, LLC Principal Place of Business Mailing Address 18671 COLLINS AVENUE STE, 2601 18671 COLLINS AVENUE STE. 2601 SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. EFI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DSCAR GRISALES-RACINI GRISALES-RACINI, OSCAR Street Address (P.O. Box Number is Not Acceptable) 1001 BRICELL BAY DRIVE STE. 2600 BISCAYNE **MIAMI FL 33131** orth Miam for the purpos 8. The above named entity submits of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept atement the obligations of giste ed age SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State **Due By May 1, 2003** 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Managing Member TITLE ☐ Delete TITLE NAME Jacobo Colap NAME 18671 Collins Avenue, Suite 2601 Sunny Isles Beach, F133160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete 、 TITLE --. 🔲 Change 🔔 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

04/09/2003 (305)8951313

SIGNATURE: