2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # P97000001843 1. Entity Name MARA IMPORT, INC. 03-24-2000 90068 024 ***150.00 Mailing Address Principal Place of Business 9350 FOUNTAINEBLEAU BLVD. 9350 FOUNTAINEBLEAU BLVD. APT. 302 ₩A₩ FL 33172-4243 MIAMI FL 33172-4243 3. Mailing Address 2. Principal Place of Business NW 36 ST 4491 NW 36 ST . CTQ- N 4491 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 57e -City & State City & State 4. FEI Number Applied For 65-0720650 Not Applicable Countr \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OROZCO, JESUS R Street Address (P.O. Box Number is Not Acceptable) 9350 FOUNTAINEBLEAU BLVD. APT. 302 MIAMI FL 33172 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing * After MAY-1, 2000 Fee will be \$550.00 --Tax filing requirement and elects to do so." Trust Fund Contribution. Added to Fees -(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Addition TITLE ☐ Delete TITLE OROZCO, JESUS A OROZCO, JESUS R FOUNTAIN BLEAU BLUD. #210 NAME NAME 9735 9350 FOUNTAINEBLEAU BLVD. APT. 302 STREET ADDRESS STREET ADDRESS MIAMI CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** VΡ (Change ☐ Addition TITLE TITLE ☐ Delete ORDICO . MARIA DE OROZCO, MARIA NAME NAME 9735 FOUNTAINBLEAU BLVD. #210 9350 FOUNTAINEBLEAU BLVD. APT. 302 STREET ADDRESS STREET ADDRESS MIAMI 33/72 キレ CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TESUS BARIQUE OROZCO Change ☐ Delete TITLE TITLE 9735 Fontaine blow-BLW. # 210 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TiTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Carlot of Carlot of State of S ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCT ST ZIP

13. I hereby certify that the information supplied with this filing account 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.

SIGNATURE: X

SIGNATURE SIGNATURE AND TYPED OR PRIN

PEQUIPED

MEDIAME OF SIGNING OFFICER OF DIRECTOR

3-15-200

(305/884.0503

Date

Daytime Phone #