

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V48525

FILED
Oct 06, 2008
Secretary of State

Entity Name: MULTIEXPORT FOODS, INC.

Current Principal Place of Business:

703 WATERFORD WAY
SUITE 510
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

703 WATERFORD WAY
SUITE 510
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0361348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACAULAY, ROBERT B
2525 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TORRES, OSVALDO
2525 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134 US

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: OSVALDO TORRES

10/06/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUTIERREZ, JOSE RAMON
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: CLEMENT, ARTURO
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: GRUNWALD, RICARDO
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: SANTELICES, MANUEL
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

Title: VP () Delete
Name: PAINE, JASON
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUTIERREZ, JOSE RAMON
Address: 703 WATERFORD WAY, SUITE 510
City-St-Zip: MIAMI, FL 33126 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON PAINE

VP

10/06/2008

Electronic Signature of Signing Officer or Director

Date