2002 Uniform B**usiness Re**port (UBR)

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State F79455 DOCUMENT # 1. Entity Name CROSSCO AMERICA CORPORATION 04-01-2002 90724 050 ***150 00 Principal Place of Business Mailing Address 3851 NW 59 ST. 3851 NW 59 ST. MIAMI FL 33142 MIAM! FL 33142 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 59-2190413 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, GRISEL Street Address (P.O. Box Number is Not Acceptable) 3851 N.W. 59TH STREET MIAMI FL 33142 City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. TITLE TITLE ☐ Delete **BLANCO, EDUARDO** NAME NAME 305 HARBOR DR STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BLANCO, FLORENTINO JR. NAME NAME 90 EDGEWATER DR #316 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Change ☐ Addition ☐ Delete TITLE TD **BLANCO, LIANA** NAME STREET ADDRESS 4250 INGRAHAM HIGHWAY STREET ADDRESS COCONUT GROVE FL 33133-6718 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE GRISEL, DIAZ NAME NAME 6430 TAFT STREET #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33024 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dale Change ☐ Addition TITLE 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 or 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 trusted 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