2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 339736** Mar 30, 2000 8:00 am 1. Entity Name Secretary of State EL VISCAINO, INC. 03-30-2000 90057 045 ***150.00 Principal Place of Business Mailing Address 330 N W 22ND AVE 330 N W 22ND AVE MIAMI FLA 33125-3337 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address 330 NW22nd Ave 330 N W 22 nd AVE City & State City & State Applied For 4. FEI Number 59-1237529 iami Not Applicable Country_A \$8.75 Additional 5. Certificate of Status Desired 33125 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARRINAGA, ALBERTO Street Address (P.O. Box Number is Not Acceptable). 129 NW 48 PL MIAMI FL 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Addition TITLE TITLE NAME NAME LARRINAGA, IRMINA STREET ADDRESS STREET ADDRESS 127 NW 48TH PLACE CITY-ST-ZIP CITY-ST-ZIE MIAMI, FL 00000 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME LARRINAGA, JOSE A. STREET ADDRESS STREET ADDRESS 127 NW 48TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 □ Change Addition Delete TITLE TITLE NAME LARRINAGA, ALBERTO NAME STREET ADDRESS STREET ADDRESS 127 NW 48TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE

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 all other like empowered.

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

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