2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # 382647 AGUERO & CO. EXPORT, INC. 02-03-2001 90021 022 ***150.00 Principal Place of Business Mailing Address 1185 CORAL WAY 1125 GORAL WAY CORAL CABLES FL 33134 B0015316 Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1348653 2m Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "AGUERO, ZOILA" -1125 CORAL-WAY CORAL GABLES FL 33134 gistered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE NAME AGUERO, ZOILA NAME STREET ADDRESS STREET ADDRESS 1125 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete TITLE NAME AGUERO, FRANCISCO NAME STREET ADDRESS 1125 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Addition TITLE ☐ Delete TITLE NAME ... NAME AGUERO, MARIA STREET ADDRESS 1125 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Delete Change Change TITLE TITLE ■ Addition AGUERO, ISABEL NAME NAME STREET ADDRESS 1125 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Change ☐ Addition ☐ Delete TITLE TITLE AGUERO, BEATRIZ NAME NAME STREET ADDRESS 1125 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR