

2003
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

| | |
|---------------------------|--|
| DOCUMENT # 382647 | |
| 1. Entity Name | |
| AGUERO & CO. EXPORT, INC. | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 PM 3:38

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------|---------------------------|----------------|
| 2. Principal Place of Business 6575 SW 27 STREET | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI, FL | | City & State | |
| Zip 33155 | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 59-1348653 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|--|--------------------------|
| Name ZOILA AGUERO | |
| Street Address (P.O. Box Number is Not Acceptable) 6575 SW 27 STREET | |
| City MIAMI | Zip Code 33155 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Zoila Aguero* **ZOILA AGUERO** **4/30/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ZOILA AGUERO 6575 SW 27 STREET MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT FRANCISCO AGUERO 4448 SW 11 STREET MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT MARIA AGUERO 6575 SW 27 STREET MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER ISABEL AGUERO 335 MENORES AVENUE CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY BEATRIZ AGUERO MOREJON 7040 SW 24 STREET #109 MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

11.

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600018017316 05/05/03--01038--012 **150.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zoila Aguero* **ZOILA AGUERO** **4/30/2003** **(305) 666-1308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #