2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

FILED Feb 08, 2000 8:00 am Secretary of State DOCUMENT # 473166 1. Entity Name B & B EXPORT. INC. 02-08-2000 90035 011 ***158.75 Mailing Address Principal Place of Business 1941 NE 123RD ST 1941 NE 123RD ST N MAIMI FL 33181-2804 N MAIM! FL 33181 00614140 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1625854 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required _ = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDUARDO, BALBONA Street Address (P.O. Box Number is Not Acceptable) 1941 NE 123 ST. N MIAMI FL 33181 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) __ FILE NOW!!!_FEE.IS_\$150.00____ = 9. This corporation is eligible to satisfy its Intangible ~ 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete BALBONA, EDUARDO NAME NAME STREET ADDRESS STREET ADDRESS 1941 NE 123 ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE PIEDRA, JUANA NAME NAME 1941 NE 123 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI FL CITY-ST-ZIP ☐ Change ~ ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 trustse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

LARD BALBOND

Daytime Phone #