2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 677164** 1. Entity Name G & X WOODWORKS, INC. 05-15-2000 90149 004 ***150.00 Mailing Address Principal Place of Business 795 W 18TH STREET 795 W 18TH STREET HIALEAH FL 33010-2424 HIALEAH FL 33010-2424 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2023405 Not Applicable Country \$8.75 Additional 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 REYES, GERARDO F. Street Address (P.O. Box Number is Not Acceptable) 795 W 18TH ST HIALEAH FL 33010 Zip Code City 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 FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Added to Fees Make Check Payable to Department of State						
11.	.f OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REYES, GERARDO F. 13250 S.W. 54TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20291 SW 180 St. MANN F4- 33 CF7	Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, XIOMARA 13250 S.W. 54TH ST MIAMI FL	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	2029, SW 180 St MIAWS PER 33187	⊈ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		~ □ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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.						

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: