749861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200428285312

421

WASHINGTON M. QUINONES, P.A.
ATTORNEY AT LAW - OPERATING ACCOUNT
1840 WEST 49TH STREET, SUITE 304
HIALEAH, FLA. 33012

63-608/670 13

Jan 24, 1979

PAY TO THE ORDER OF Secretary of State $ 38.00

Thirty Eight and 00/100 DOLLARS

HIALEAH BRANCH
INTERCONTINENTAL BANK
1220 WEST 49TH STREET
HIALEAH, FLORIDA 33012

Clerk of Circuit Court

⑈000421⑈ ⑆067006063⑆ ⑈130100089666⑈

11/21

749861

mk

R10085 - Eng
and
R10087 - SP

4292 8/02/79
005 4 30.00 OS

4292 8/02/79
005 7 5.00 OS

4292 8/02/79
005 8 3.00 OS

PRIVILEGE TAX
C. TAX
FILING 30.00
C. COPY 5.00
R. A. FEE 3.00
P. COPY
SEARCH
TOTAL 38.00
BALANCE DUE

mdx

FILED
NOV 20 11 02 AM '79
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/20/79

Cuban Veterinary Medical
Association of Florida

RECEIVED
DEPARTMENT OF
REVENUE
NOV 20 11 02 AM '79
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
NOV 20 11 02 AM '79

WASHINGTON & QUINONES, P.A.
ATTORNEY AT LAW
1840 WEST 49TH STREET, SUITE 304
HIALEAH, FLORIDA 33012

Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304
(904) 488-6472

GEORGE FIRESTONE
SECRETARY OF STATE

D. W. McKINNON, DIRECTOR
DIVISION OF CORPORATIONS

August 9, 1979

WASHINGTON D. CONGRESS, M.A.
1840 W. 49th St.
Suite 314
Hialeah, FL 33012

SUBJECT: CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC.

Returned XX ; Pending _____ ; Check acknowledged $25 .

1. ____ NAME IS NOT AVAILABLE.

2. ____ Name must include a corporate suffix, INC. or INCORPORATED.

3. ____ BALANCE DUE:

4. ____ The number of directors the corporation shall have (no less than three) must be shown with a statement designating the total number.

5. ____ The articles state that there will be _____ directors (initially). However, _____ are listed.

6. XX The qualifications for membership and the manner of their admission to membership must be shown in the articles of incorporation. Please be specific.

7. XX The articles of incorporation must state who will manage the affairs of the corporation, and the times at which they will be elected or appointed.

8. ____ Please list the officers and the office(s) held by each.

9. ____ A designation of registered office and registered agent at the same street address must be contained within the articles of incorporation, and the registered agent must sign accepting that designation.

10. ____ All incorporators must sign and their signatures must be acknowledged (notarized).

11. ____ All incorporators signing must be listed in Article _____.

12. ____ Notary Public's acknowledgement is incomplete.

13. ____ The document(s) must be legible for microfilming (clear, black print on a white background).

14. ____ You must list at least three (3) directors and three (3) incorporators. Please be sure to provide addresses for all.

15. ____ The articles must state by whom the by-laws may be made, altered, or rescinded.

16. ____ The articles must state by whom and in what manner amendments to the articles of incorporation may be made.

17. ____

FILED
1979 AUG 20 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA — STATE OF THE ARTS

CR2A 112
Rev. 5-79

FILED

749561

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC. (Licensed and not Licensed)
COLEGIO DE MEDICOS VETERINARIOS CUBANOS EN EL EXILIO, INC. (Licenciados y no Licenciados)

A FLORIDA CORPORATION NOT FOR PROFIT

ARTICLE I. NAME

The name of this corporation is CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC. (Licensed and not Licensed), COLEGIO DE MEDICOS VETERINARIOS CUBANOS EN EL EXILIO, INC. (Licenciados y no Licenciados).

ARTICLE II. ENABLING LAW

The corporation is organized pursuant to the Corporation Not For Profit law of the State of Florida, set forth in Part One of Chapter 617 of the Florida Statutes.

ARTICLE III. PURPOSES

(a) The specific and primary purpose for which this corporation is organized is to engage in the business of veterinary doctors.

(b) The general purpose for which this corporation is formed are to regroup all the Veterinary Cuban Doctors Licensed and not Licensed in Exile, to maintain them informed in reference to everything professional, social, and cultural.

(c) This corporation shall have and exercise all rights and powers conferred upon corporations under the laws of the State of Florida, provided, however, that this corporation is not empowered to engage in any activity that in itself is not in furtherance of its purposes as set forth in subparagraphs (a) and (b) of this article.

ARTICLE IV. TERM

This corporation shall have a perpetural existence.

ARTICLE V. INCORPORATORS

The names and residences of the subscribers of these articles of incorporation are as follows:

NAME	ADDRESS
CRISTOVAL G. MAYO	1601 S.W. 13th AVENUE MIAMI, FLORIDA
RICARDO PEREZ GOMEZ	2235 S.W. 2nd TERRACE MIAMI, FLORIDA

NAME	ADDRESS
CARLOS R. PEREIRA	716 W. 32nd STREET MIAMI, FLORIDA
ERNESTO CANET	226 S.W. 20th ROAD MIAMI, FLORIDA

ARTICLE VI. MEMBERSHIP

The authrized number, qualifications, and manner of admission of members of this corporation, the different classes of membership, if any, the property, voting and other rights and privileges of members, the liability of members for dues and the method of collection therof, and the termination and transfer of membership shall be us set forth in the bylaws of this corporation. Membership open to all Lincensed and not Lincenced veterinaries.

ARTICLE VII. MANAGEMENT OF COPORATE AFFAIRS

(a) Board of Directors. The powers of this corporation shall b exercised, its properties controlled, and its affairs conducted by a board of four (4) directors. The number os directors herein provided for may be changed by a bylaw duly adopted by the members entitled to vote.

The names and addresses of the persons constituting the first Board of Directors who are to act in that capacity until the selection of their successors are:

NAME	ADDRESS
CRISTOBAL G. MAYO	1601 S.W. 13th AVENUE MIAMI, FL
RICARDO PEREZ GOMEZ	2235 S.W. 2nd TERRACE MIAMI, FL
CARLOS R. PEREIRA	716 W. 32nd STREET HIALEAH, FL
ERNESTO CANET	226 S.W. 20th ROAD MIAMI, FL

(b) Elective Officers. The officers of this corporation shall be a president, vice president, secretary and treasurer. Other offices and officer may be established or appointed by members of this corporation at any regular annual meeting. The qualification. the time and manner electing or appointing, the duties of, the terms of office, and the manner of removing officers shall be as set forth in the bylaws.

The officers who are to serve until the first election of offi ers under the Articles of Incorporation are:

President:	Cristobal G. Mayo
Vice President:	Ricardo Perez Gomez
Secretary:	Carlos R. Pereira
Treasurer:	Ernesto Canet

(C) Standing Committees. This corporation shall have at least two standing committees: the Board of directors shall elect annually,from its members,an executive committee of three persons,and an admission committee of three persons. Other committees may be specified in the by laws or may be appointed from time to time by the board of directors.

ARTICLE VIII. LOCATION OF REGISTERED OFFICE:IDENTIFICATION OF REGISTERED AGENT

(a) the address of this corporation's initial registered office in the State of Florida is: 1840 West 49th Street
Suite #304
Hialoah,Fl. 33012

(b) the name of this corporation's initial registered agent at above address is: WASHINGTON M. QUINONES, P.A.

ARTICLE IX. INCOME FROM PUBLIC EVENTS

If this corporation holds any events in which members of the general public are invited to participate for a fee, the net proceeds, if any, attributable to such participation by non-members will be paid over to an organization which is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code on an annual basis.

ARTICLE X. BYLAWS

Bylaws will be hereinafter adopted at the first meeting of the Board of Directors. Such bylaws may be amended or repealed, in whole or in part by the members in the manner provided therein. Any amendments to the bylaws shall be binding on all members of this corporation.

ARTICLE XI. AMENDMENT OF ARTICLES

Amendments to these Articles of Incorporation may be proposed by a resolution adopted by the Board of Directors and presented to a quorum of members for their vote. Amendments may be adopted by a vote of at least two-thirds of a quorum of members of the corporation.

ARTICLE XII. DISSOLUTION

This Corporation shall be dissolved and its affairs wound up by a two-thirds vote of the corporation's voting members.

In the event of dissolution property of the corporation shall be distributed as follows: equally among all the voting members of the corporation.

IN WITNESS WHEREOF: We have hereunto set our hands and

seals this 17 day of Nov, 1979.

CRISTOBAL G. MAYO (SEAL)

RICARDO PEREZ GOMEZ (SEAL)

CARLOS R. PEREIRA (SEAL)

ERNESTO CANET (SEAL)

STATE OF FLORIDA)
) ss.
COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized in the State and Coutn aforesaid to take acknowledgement, personally appeared CRISTOBAL G. MAYO, RICARDO PEREZ GOMEZ, CARLOS R. PEREIRA and ERNESTO CANET, to me known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporatio and they acknowledged before me that they subscribed to those Article of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 17 day of Nov., 1979.

NOTARY PUBLIC

MY COMMISION EXPIRES:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES FEB 23 1982
BONDED THRU GENERAL INS. UNDERWRITERS

CERTIFICAT DESIGNATING PLACE OF BUINSESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STAFF, NAMING REGISTERED AGENT UPON WHOM MAY BE SERVED.

In pursuance of Section 607.034 Florida Statutes, the following is submitted, compliance with said Act:

FIRST--That CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC. desiring to organize under the laws the State of Florida with its principal office as indicaed in the Articles of Incorporation WASHINGTON M. QUIÑONES, P.A., located at 1840 WEST 49th Street, Suite #304, Hialeah, Florida 33012, as it REGISTERED AGENT to accept services of process within this state.

A C K N O W L E D G E M E N T:

Having been named to accept service of process for the above state corporation, at place designated in thie certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

WASHINGTON M. QUIÑONES, P.A.

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES FEB. 23, 1987
BONDED THRU GENERAL INS. UNDERWRITERS

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1980

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED

AUG 7 1 25 PM 1980

CORPORATION DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

749861
CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE
1840 West 49th Street, Suite 304
Hialeah, FL 33012

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Pereira, Carlos R.	P/D	716 West 32nd Street	Hialeah, FL
Gomez, Heldo	VP/D	580 S. E. 73rd Road	Miami, FL
Canet, Ernesto	T/D	226 S. W. 20th Road	Miami, FL
Zebasco, Isabel	S/D	81 N. W. 65th Avenue	Miami, FL

7. Registered Agent Information

Name: Quinones, Washington, P. A.

Street Address (Do NOT Use P.O. Box Number): 1840 W. 49th Street, Suite #304

City, State and Zip Code: Hialeah, FL 33012

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $5.

8/7/80

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Pereira, Carlos	President	822-6465

Signature: Carlos Pereira

Date: 7/18/80

DO NOT WRITE IN THIS SPACE

749861 08-05-80 2 7 179 10.00

(Form CDR 820) Rev. 11/18/79

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED

APR 10 10 08 AM '81

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

749861
CUBAN VETERINARY MEDICAL ASSOCIATION IN EX
1840 WEST 49TH STREET , SUITE 309
HIALEAH, FL. 33012

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 11/20/1979

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PEREIRA, CARLOS R.	P/D	716 W./ 32ND STREET	HIALEAH, FL.
CANET, ERNESTO	T/D	226 S.W. 20TH RD.	MIAMI, FL.
GOMEZ, HELDO	V/D	580 SE 73RD ROAD	MIAMI, FL
ZEBASCO, ISABEL	S/D	81 NW 65TH AE	MIAMI, FL

7. Registered Agent Information

Name
QUINONES, WASHINGTON M., P.A.

Street Address (Do NOT Use P.O. Box Number)
1840 WEST 49TH STREET, SUITE #309

City, State and Zip Code
HIALEAH, FL. 33012

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Typed Name of Signing Officer: Dr Carlos R. Pereira

Title: Chairman PRES

Telephone Number: 325-9780

Signature: Dr. Carlos Pereira

Date: 1/30/81

DO NOT WRITE IN THIS SPACE

BC 4/10/81

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

APR 27 4:03 PM 1982

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries.

Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

749861
CUBAN VETERINARY MEDICAL ASSOCIATION IN EX
1840 WEST 49TH STREET , SUITE 304
HIALEAH, FL. 33012

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient:

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 11/20/1979

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report: 04/10/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PEREIRA, CARLOS R.	P/D	716 W./ 32ND STRSET	HIALEAH, FL.
CANET, ERNESTO	T/D	226 S.W. 20TH RD.	MIAMI, FL.
GOMEZ, HELDO	V/D	580 SE 73RD ROAD	MIAMI, FL
ZEBASCO, ISABEL	S/D	81 NW 65TH AE	MIAMI, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

QUINONES, WASHINGTON M., P.A.
1840 WEST 49TH STREET, SUITE #304
HIALEAH, FL. 33012

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: C. Carlos Pereira — Date: 2/14/82

(If Different) Name of Signing Officer: DR CARLOS R PEREIRA — Title: PRESIDENT — Telephone Number: 326 1394

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION ANNUAL REPORT

1983

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Oct 31 5 20 PM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

Name and Address of Corporation's Principal Office

749861
CUBAN VETERINARY MEDICAL ASSOCIATION IN EX
1840 WEST 49TH STREET , SUITE 304
HIALEAH, FL. 33012

If above address is incorrect in any way, enter the correct address in Item 2, Include Zip Code

2. Enter Change in Address of Corporate Principal Office. P.O. Box Number Alone is NOT Sufficient
Street Address
P.O. Box No.
City
State Zip Code

1. Date Incorporated or Qualified to Do Business in Florida: 11/20/1979
3. Federal Employer Identification Number (If Any):
5. Date of Last Report: 04/27/1982

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1982

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PEREIRA, CARLOS R.	P/D	716 W./ 32ND STREET	HIALEAH, FL.
CANET, ERNESTO V-m	T/D	226 S.W. 20TH RD.	MIAMI, FL.
GOMEZ, HELDO	V/D	580 SE 73RD ROAD	MIAMI, FL
ZEBASCO, ISABEL	S/D	81 NW 65TH AE	MIAMI, FL

✓

Registered Agent Information

7. Name and Address of Current Registered Agent

QUINONES, WASHINGTON M., P.A.
1840 WEST 49TH STREET, SUITE #304

HIALEAH, FL. 33012

8. Name and Address of New Registered Agent
Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

It is hereby certified that the above-named corporation is authorized to transact business in the State of Florida and desires to file this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

The change was authorized by resolution duly adopted by its board of directors.

SIGNATURE (Registered Agent Accepting Appointment) DATE

$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.

I Hereby Certify That I Am An Officer of the Corporation, Its Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
And That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: [signature]
Name and Title: VANESSA CANET
D.V.M.
Date: 10/25/83
Telephone: 264-8644

PRINTOUT SENT _____

LETTER SENT _____

CUS NR 8/12/87

749861

REINSTATEMENT

FILED 8/14/87

INVOLUNTARILY

DISSOLVED 11/21/84

REINSTATEMENT	100 —
CUS	5 —
Registered Agent	
Overpayment	
72 Privilege Tax	
73 Annual Report	
74 Annual Report	
75 Annual Report	
76 Annual Report	
77 Annual Report	
78 Annual Report	
79 Annual Report	
80 Annual Report	
81 Annual Report	
82 Annual Report	
83 Annual Report	
(84) Annual Report —	25
(85) Annual Report —	25
(86) Annual Report —	25
(87) Annual Report —	25
TOTAL	205 —
REFUND	

08/21/87 [illegible]
REINSTATEMENT
REINSTATEMENT 100.00
ANNUAL REPORT 100.00
CERT/PHOTO COPY .00
TOTAL 225.00

FILED
AUG 14 11 59 AM '87
SECRETARY OF STATE
MIAMI, FLORIDA

NAME AVAILABLE _____

REINSTATED BY _____

UPDATER NR

UPDATER VERIFYER [illegible]

Cuban Veterinary Medical Association
in Exile, Inc.

CORPORATION

ANNUAL REPORT

1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office — 774936.1

CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE

9520 SW 40 Street Miami Florida 33165

Suite 201

If above address is incorrect in any way, enter the correct address in Item 2 Include Zip Code

7 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 State Incorporated or Qualified To Do Business in Florida

4 Federal Employer Identification Number (FEIN)

5 Date of Last Report

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
VEGA SERGIO	S/D	12301 SW 187 Street	Miami FL 33177
TOMAS JUAN	V/D	271 SW 129 Court	Miami FL 33184
PAZ ANGEL	T/D	10422 SW 21 Street	Miami FL 33165
CAGIGAL FEDERICO	P/D	9431 SW 4 Street #301	Miami FL 33174

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

QUINONES WASHINGTON M P.A.

1840 West 49 Street Suite 304

Hialeah FL 33012

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 — FL

Zip Code 85

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$7.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.

Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.; Further Certify That I Understand the Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath; Officer/Agent must be dated in Block 91

91 Signature — Date 7-20-87

92 Type or Print Name of Person Signing — 93 Title — 94 Telephone Number

FEDERICO CAGIGAL — President — 221-8207

CHECK HERE IF STATUS CODE □

$5 Additional Fee is required for a Certificate of Status