FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am DOCUMENT #. F01000002007 **Secretary of State** 1. Entity Name 01-24-2002 90208 010 ***150.00 CACIQUE DISTRIBUTORS, U.S., INC. Principal Place of Business Mailing Address 14923 PROCTOR AVENUE 14923 PROCTOR AVENUE LA PUENTE CA 91746 LA PUENTE CA 91746 3. Mailing Address_C/O 2. Principal Place of Business Salmas Law Group Suite, Apt. #, etc. 880 Century Suite 808 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Park East City & State City & State 4. FEI Number Applied For 95-4504212 Los Angeles CA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 90067 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Detete TITLE Change Addition NAME DE CARDENAS, GILBERT B JR. NAME STREET ADDRESS 14923 PROCTOR AVENUE STREET ADDRESS CITY-ST-7IP CITY - ST-7IP LA PUENTE CA 91746 TITLE ☐ Delete TITLE Change Addition NAME GONZALEZ, ANGELO P NAME STREET ADDRESS STREET ADDRESS 14923 PROCTOR AVENUE CITY-ST-ZIP CITY-ST-ZIP LA PUENTE CA 91746 ☐ Delete TITLE TITLE Change ☐ Addition STD NAME DE CARDENAS, ANA NAME STREET ADDRESS 14923 PROCTOR AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LA PUENTE CA 91746 TITLE ☐ Delete TITLE Change ☐ Addition NAME DE CARDENAS, MARIA NAME STREET ADDRESS 14923 PROCTOR AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LA PUENTE CA 91746 Delete TITLE TITLE Change ☐ Addition NAME PARKER, WILL NAME STREET ADDRESS STREET ADDRESS 14923 PROCTOR AVENUE CITY-ST-ZIP CITY-ST-ZIP LA PUENTE CA 91746 TITLE ☐ Delete TITLE Change ☐ Addition NAME IGLESIAS, TIRSO NAME STREET ADDRESS STREET ADDRESS 14923 PROCTOR AVENUE CITY-ST-7IP CITY-ST-7IP LA PUENTE CA 91746

13. I hereby 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 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.

JAMOELO P. Conzalez Vice President SIGNATURE:

GEORGE C. SALMAS DOC# F0/00002007

FILE NO.

1880 CENTURY PARK EAST

SUITE 808

LOS ANGELES, CALIFORNIA 90067

TELÉPHONE (310) 556-0721 FACSIMILE (310) 788-8923 E-MAIL: SalmasLaw@earthlink.net

January 21, 2002

VIA FEDERAL EXPRESS

Uniform Business Report Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Re: Cacique Distributors, U.S., Document No. F01000002007

Dear Sir/Madam:

Enclosed for filing is the original 2002 Uniform Business Report (UBR) together with our check in the amount of \$150.00 payable to Department of State. Please file the original and return a conformed copy which is enclosed herewith to our office in the enclosed self addressed stamped envelope.

Very truly yours,

GEORGE C. SALMAS

GCS/am

Encl.