FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)F47084 PIZARRO TRADING GROUP, INC. Principal Place of Business Mailing Address 201 SEVILLA AVE. STE 308A 201 SEVILLA AVE. STE 308A PO BOX 143645 PO BOX 143645 CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2738275 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional IX 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζìp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PIZARRO, JIMMY 201 SEVILLA AVE. STE 308A 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE PST X Change PIZARRO, JIMMY NAME 1.2 NAME JIMMY PIZARRO R2E034 6526 S.W. 39 STREET STREET ADDRESS 1.3 STREET ADDRESS 3820 EL PRADO BLVD MIAMI FL COCONUT GROVE, CITY-ST-ZIP 1.4 CMY-ST-ZIP FL. 33133 TITLE DELETE 2.1 TITLE Change Addition Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Change TITLE DELETE Addition 5.1 TITLE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, specific autochment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

mm7/285-8=54 URED

1-12-98

(305) 446-444