FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 9:54

DOCUMENT # F92000001046 (3)

1. Corporation Name

MCGAW EXPORT, INC.

Principal Place of Business
4918 S.W.74 CT.
MIAMI FL 33155

Mailing Address
2601 S. BAYSHORE DR.
STE.1600
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26 c/o GJ Fernandez-Quincoces
Suite, Apt #, etc 22	Suite, Apt. #, etc. 27 Suite 3400 Two South Biscayne Blvd.
City & State 23	City & State 28 Miami, FL
Zip 24 / Country 25	Zip 29 33131-1897 / Country 30 USA

4. FEI Number: 65-0372648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
QUINCOCES, GUILLERMO F.	81 Name: Valdes-Fauli Corporate Services, Inc.
2601 S. BAYSHORE DR.	82 Street Address (P.O. Box Number is Not Acceptable): Two South Biscayne Boulevard
STE.1600	83 Suite 3400
MIAMI FL 33133	84 City: Miami FL 85 Zip Code: 33131-1897

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 By. [signature], VP — Guillermo J. Fernandez-Quincoces DATE 4/24/95

Signature of registered agent ... (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPSD	1.1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	LOPEZ, ENRIQUE	1.2 NAME	
STREET ADDRESS	4918 S.W. 74 CT.	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33155	1.4 CITY ST ZIP	
TITLE	PTD	2.1 TITLE	VP/S/D ☒ Change ☐ Addition
NAME	MACIAS, MARIANO	2.2 NAME	
STREET ADDRESS	4918 S.W. 74 CT.	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33146	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
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		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: [signature] 4/24/95 (305) 376-6094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Mariano Macias, Secretary / Date / Daytime Phone #

0134402 CP